01/24/2008 11:58

Image# 28990079514

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 0 1 24 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Academy of Family Physicians Political Action Committee [®] D " D 0.7 12 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand Ž007 202641.36 January 1 (b) Cash on Hand at 217044.35 Begining of Reporting Period 148111.01 339305.19 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 365155.36 541946.55 6(a) and 6(c) for Column B) 129423.40 306214.59 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 235731.96 235731.96 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

12. Transfers From Affiliated/Other

Party Committees

American Academy of Family Physicians Political Action Committee

м м 0 7 01 м м 1 2 3^D1 2 0 0 7 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 251484.26 105242.63 (i) Itemized (use Schedule A) 39175.72 81346.36 (ii) Unitemized (iii) TOTAL (add 144418.35 332830.62 Lines 11(a)(i) and (ii)

(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		

11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	144418.35	332830.62

13. All Loans Received	0.00	0.00
	0.00	0.00

0.00

0.00

14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	22222	

	(Carry Totals to Line 37, page 5)	3692.66	6474.57
16.	Refunds of Contributions Made		
	to Federal candidates and Other		
	Political Committees	0.00	0.00

17. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00

18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00

	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levin Funds (nom Schedule H5)		

(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00

19. Total Receipts (add Lines 11(d),		000005 40
12, 13, 14, 15, 16, 17, and 18(c))	148111.01	339305.19

00 Total Fadaral Dagginta		
20. Total Federal Receipts	140111 01	000005 10
(subtract Line 18(c) from Line 19)	148111.01	339305.19

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

Activity (from Schedule H4)

Expenditures.....

21. Operating Expenditures:
(a) Shared Federal/Non-Federal

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

23.

(c) Total Operating Expenditures

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

(a) Shared Federal Election Activity (from Schedule H6)

(i) Federal Share

Than Political Committees

(such as PACs)

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 2728.83 5520.02 (add 21(a)(i), (a)(ii) and (b))...... 2728.83 5520.02 Committees..... 0.00 0.00 Federal Candidates/Committees.....and Other Political Committees..... 125500.00 299500.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (add Lines 28(a), (b), and (c)) 1194.57 1194.57 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.000.00

(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	129423.40	306214.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	129423.40	306214.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	144418.35	332830.62
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	144418.35	332830.62
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2728.83	5520.02
37.	Offsets to Operating Expenditures (from Line 15, page 3)	3692.66	6474.57
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-963.83	-954.55

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 210 (check only one) X 11a
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	cians Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Stephen Carl Albrecht, MD			Date of Receipt
	Mailing Address 3622A Ensign Rd NE		7: 0 1	07 12 2007
	City Olympia	State WA	Zip Code 98506-5025	Transaction ID: C319576 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Olympia Family Medicine	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Timothy J Alford, MD Mailing Address 1152 Woodbriar Ln			Date of Receipt
	Mailing Address 1152 WOOdbriat Life			10 15 2007
	City Kosciusko	State MS	Zip Code 39090-9095	Transaction ID: C349753
	FEC ID number of contributing federal political committee.	C	39090-9093	Amount of Each Receipt this Period 365.00
	Name of Employer Kosciusko Medical Clinic	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Suzanne M Allen, MD			Date of Receipt
	Mailing Address 2889 S Swallowtail L	n		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C349149
	Boise FEC ID number of contributing federal political committee.	C	83706-6139	Amount of Each Receipt this Period 500.00
	Name of Employer University of Washington School of Med	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)	1		1365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	e name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles T Allred, MD Mailing Address 130 S Bradley Dr City Salina FEC ID number of contributing federal political committee. Name of Employer Salina Health Edcuation Foundation Receipt For: Primary General Other (specify)	State Zip Code KS 67401-3506 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M / D D / Y Y Y Y Y 1 0 1 5 2 0 0 7 Transaction ID: C349751 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Derek J Anderson, MD Mailing Address 15165 S Harrells Ferri City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer General Health Systems Receipt For: Primary General Other (specify)	y Rd State Zip Code LA 70816-2910 C Occupation Physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Derek J Anderson, MD Mailing Address 15165 S Harrells Ferri City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer General Health Systems Receipt For: Primary General Other (specify)	State Zip Code LA 70816-2910 C Occupation Physician Aggregate Year-to-Date 450.00	Date of Receipt M M Z D Z D Z D O Z Transaction ID: C325347 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		465.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	d Statements may not be sold or used by any pethe name and address of any political committee	
Full Name (Last, First, Middle Initial) Derek J Anderson, MD Mailing Address 15165 S Harrells Fe City Baton Rouge FEC ID number of contributing federal political committee.	State Zip Code LA 70816-2910	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer General Health Systems Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Kathleen Mary Ankers, MD Mailing Address 616 Shamrock Dr		Date of Receipt 0 7 1 0 2 0 0 7
City	State Zip Code	Transaction ID: C319050
O Fallon	IL 62269-7509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer US Air Force	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) John S Antalis, MD		Date of Receipt
Mailing Address 1114 Professional E	Blvd	07 30 YYYYY 2007
City	State Zip Code	Transaction ID: C322139
<u>Dalton</u>	GA 30720-2588	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer D.F.P.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)	915.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	I Statements may not be sold or used by any per he name and address of any political committee cians Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jonathan F Arnold, MD Mailing Address 2649 Clearview Heig City Fort Madison FEC ID number of contributing federal political committee. Name of Employer Infinity Medical Clinic,	State Zip Code IA 52627-9537 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C349199 Amount of Each Receipt this Period 315.00
Inc. Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD Mailing Address 182 East Ave	State 7in Code	Date of Receipt M M
City Tallmadge	State Zip Code OH 44278-2311	Transaction ID: C321578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Bachtel & Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.01	
Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD		Date of Receipt
Mailing Address 182 East Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C325348
Tallmadge FEC ID number of contributing federal political committee.	OH 44278-2311	Amount of Each Receipt this Period 45.63
Name of Employer Bachtel & Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.01	
SUBTOTAL of Receipts This Page (optional)	_ 1	406.26

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 210 (check only one) X 11a
	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family Physic	sians Political Action Committee	
Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD Mailing Address 182 East Ave		Date of Receipt
City	State Zip Code	0 9 2 0 2 0 0 7 Transaction ID: C345618
Tallmadge	OH 44278-2311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Bachtel & Associates	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.01	
Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD	l	Date of Receipt
Mailing Address 182 East Ave		10 / 24 / 2007
City	State Zip Code	Transaction ID: C351076
Tallmadge	OH 44278-2311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Bachtel & Associates	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	365.01	
Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD		Date of Receipt
Mailing Address 182 East Ave		1 1 1 9 2 0 0 7
City	State Zip Code	Transaction ID: C364428
Tallmadge	OH 44278-2311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Bachtel & Associates	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	365.01	
		136.89

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A or	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
۷.	Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD			Date of Receipt
	Mailing Address 182 East Ave City	State	Zip Code	1 2 1 8 2 0 0 7 Transaction ID: C373845
	Tallmadge	OH	44278-2311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.60
	Name of Employer Bachtel & Associates	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.01	
— В.	Full Name (Last, First, Middle Initial) Boyd Lee Bailey, MD			Date of Receipt
	Mailing Address 1023 Medical Center I	Pkwy		08 / 31 / 2007
	City	State	Zip Code	Transaction ID: C343777
	Selma	AL	36701-6780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer UAB/Selma Family Medicine	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00]
 C.	Full Name (Last, First, Middle Initial) Macaran A Baird, MD			Date of Receipt
	Mailing Address Univ of MN Dept of FF 420 Delaware St SE			08 / 14 / 2007
	City Minneapolis	State MN	Zip Code	Transaction ID: C324630
	FEC ID number of contributing federal political committee.	C	55455-0341	Amount of Each Receipt this Period 1000.00
	Name of Employer University of MN, FM&CH	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional) .			1410.60
	FOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any per sing the name and address of any political committee Physicians Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Albert Ball, MD Mailing Address Maury Regiona 1224 Trotwood		Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C364233
Columbia FEC ID number of contributing federal political committee.	TN 38401-4802	Amount of Each Receipt this Period 500.00
Name of Employer Maury Regional Hospital Receipt For: Primary General Other (specify) ▼	Occupation Medical Director Aggregate Year-to-Date ▼ 865.00	
Full Name (Last, First, Middle Initial) Joane Goforth Baumer, MD Mailing Address Dept Of Family 1500 S Main St	Medicine	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C324266
Fort Worth	TX 76104-4917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Joane Goforth Baumer, MD		Date of Receipt
Mailing Address Dept Of Family 1500 S Main St	Medicine	09 20 2007
City	State Zip Code	Transaction ID: C345623
Fort Worth	TX 76104-4917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUPTOTAL of Possints This Poss (or	ional)	646.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Joane Goforth Baumer, MD		Date of Receipt
Mailing Address Dept Of Family Medio 1500 S Main St		10 24 2007
City Fort Worth	State Zip Code TX 76104-4917	Transaction ID: C351082
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 73.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Joane Goforth Baumer, MD		Date of Receipt
Mailing Address Dept Of Family Medion 1500 S Main St	cine	11 19 2007
City	State Zip Code	Transaction ID: C364429
Fort Worth FEC ID number of contributing federal political committee.	TX 76104-4917	Amount of Each Receipt this Period 73.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Joane Goforth Baumer, MD		Date of Receipt
Mailing Address Dept Of Family Medic 1500 S Main St	cine	12 18 2007
City Fort Worth	State Zip Code TX 76104-4917	Transaction ID: C373852
Fort Worth FEC ID number of contributing federal political committee.	TX 76104-4917	Amount of Each Receipt this Period 73.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		219.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 210 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Mary Laura Bean, MD			Date of Receipt
Mailing Address 632 Morrison Spring Ste 202	gs Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chattanooga	State TN	Zip Code 37415-3402	Transaction ID: C345464
FEC ID number of contributing federal political committee.	C	37413-3402	Amount of Each Receipt this Period 265.00
Name of Employer Erlanger Hospital	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO			Date of Receipt
Mailing Address AGMC Center Family Medicine 400 Wabash Ave			07 23 7 2007
City Akron	State OH	Zip Code 44307-2433	Transaction ID: C321579 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Akron General Medical Cen- ter	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 245.00	
Full Name (Last, First, Middle Initial) Jerome W Bentz, MD			Date of Receipt
Mailing Address 601 E 7th St Ste #3 PO Box 818	3		07 31 7 9007
City Platte	State SD	Zip Code 57369-0818	Transaction ID: C322544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07000 0010	250.00
Name of Employer Platte Health Center	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	D		550.00

SCHEDULE A (FEC F ITEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 15 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other NAME OF COMMITTEE (In Fig. 1)	than using the name and address of a	any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	e Petal Circle		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Code	Transaction ID: C345577
Herndon FEC ID number of contributing federal political committee.	VA 201	71	Amount of Each Receipt this Period 250.00
Name of Employer Loudoun Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-	Date ▼ 250.00	
Full Name (Last, First, Middle I Heidi M Bittner, MD Mailing Address 304 15th A	ve SE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PO Box 90		Code	Transaction ID: C349148
Devils Lake	· '	01-2719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Altru Clinic Lake region	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 365.00	
Full Name (Last, First, Middle I Ross R Black, II	nitial)		Date of Receipt
Mailing Address Ste 200 265 Portag	e Trail Ext W		08 29 7 2007
City	•	Code	Transaction ID: C343530
Cuyahoga Falls	OH 442	23-3613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		366.00
Name of Employer Mill Pond FP, Inc	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 366.00	
SUBTOTAL of Receipts This Pa	ge (optional)		981.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 210 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any personal the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sam Blackstock, CAE Mailing Address		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C321580 Amount of Each Receipt this Period 30.42
Receipt For: Primary General Other (specify)	EVP Aggregate Year-to-Date ▼ 365.09]
Full Name (Last, First, Middle Initial) Sam Blackstock, CAE Mailing Address	Asy, Suite 501AFP State Zip Code OK 73118-1805 C Occupation EVP	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C325350 Amount of Each Receipt this Period 30.42
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sam Blackstock, CAE Mailing Address Exec Vice Pres - Ol	Aggregate Year-to-Date ▼ 365.09	Date of Receipt
City Oklahoma City FEC ID number of contributing federal political committee.	State Zip Code OK 73118-1805	Transaction ID: C345619 Amount of Each Receipt this Period 30.41
Name of Employer OAFP Receipt For: Primary General Other (specify) ▼	Occupation EVP Aggregate Year-to-Date 365.09	
SUBTOTAL of Receipts This Page (optional	l)]	91.25

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/210 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
American Academy of Family Phy	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Sam Blackstock, CAE			Date of Receipt
Mailing Address Exec Vice Pres - C 1900 NW Express	way, Suite 501A		10 24 7 2007
City	State	Zip Code	Transaction ID: C351094
Oklahoma City FEC ID number of contributing federal political committee.	OK C	73118-1805	Amount of Each Receipt this Period 30.41
Name of Employer OAFP	Occupation EVP	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.09	
Full Name (Last, First, Middle Initial) Sam Blackstock, CAE	<u> </u>		Date of Receipt
Mailing Address Exec Vice Pres - C 1900 NW Express			11 19 2007
City	State	Zip Code	Transaction ID: C364431
Oklahoma City	OK	73118-1805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.41
Name of Employer OAFP	Occupation EVP	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.09	
Full Name (Last, First, Middle Initial) Sam Blackstock, CAE			Date of Receipt
Mailing Address Exec Vice Pres - C 1900 NW Express			12 18 2007
City	State	Zip Code	Transaction ID: C373856
Oklahoma City	OK	73118-1805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.50
Name of Employer OAFP	Occupation EVP	_	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		365.09	
SUBTOTAL of Receipts This Page (option	<u> </u>		91.32

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys		erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathleen A Bliese, MD Mailing Address Employers Health C 908 N Howard Ave	Ste 108 State Zip Code	Date of Receipt O 7 Transaction ID: C321740
Grand Island FEC ID number of contributing federal political committee.	NE 68803-3529	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Robert C M Bourne, MD Mailing Address Beaver Med Cln Inc 1300 E Cooley Dr City	State Zip Code	Date of Receipt M
Colton FEC ID number of contributing federal political committee.	CA 92324-3905	Amount of Each Receipt this Period 365.00
Name of Employer Beaver Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	•
Full Name (Last, First, Middle Initial) Karen Brenke Mailing Address Exec Vice Pres - Ma	accΔFP	Date of Receipt
PO Box 1406 City Manchester	State Zip Code MA 01944-0851	Transaction ID: C349145 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Massachusetts Academy of Family Physic Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Chapter Exec Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1230.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to cians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Neil Hurst Brooks, MD		Date of Receipt
Mailing Address 36 Duncaster Ln	State Zip Code	10 15 2007
City Vernon Rockville	State Zip Code CT 06066-4830	Transaction ID: C349747 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 00000-4030	1000.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Arlene M Brown, MD		Date of Receipt
Mailing Address 1401 Sudderth Dr		07 23 7 9 9 9
City	State Zip Code	Transaction ID: C321581
Ruidoso	NM 88345-6104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Ruidoso Family Medicine Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 940.00	
Full Name (Last, First, Middle Initial) Arlene M Brown, MD		Date of Receipt
Mailing Address 1401 Sudderth Dr		08 20 7 2007
City	State Zip Code	Transaction ID: C325352
Ruidoso	NM 88345-6104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Ruidoso Family Medicine Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 940.00	
	•	1100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 210 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Arlene M Brown, MD Mailing Address 1401 Sudderth Dr	Chala	7in Oada	Date of Receipt 0 8 2 2 2 0 0 7
	City Ruidoso	State NM	Zip Code 88345-6104	Transaction ID: C325469 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	108.00
	Name of Employer Ruidoso Family Medicine Group Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		
- 3.	Full Name (Last, First, Middle Initial) Arlene M Brown, MD Mailing Address 1401 Sudderth Dr	1		Date of Receipt 0 9 2 0 2 0 0 7
	City	State	Zip Code	Transaction ID: C345621
	Ruidoso	NM	88345-6104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		158.00
	Name of Employer Ruidoso Family Medicine Group	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 940.00	
_	Full Name (Last, First, Middle Initial) Arlene M Brown, MD			Date of Receipt
	Mailing Address 1401 Sudderth Dr			10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C351096
	Ruidoso	NM	88345-6104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		158.00
	Name of Employer Ruidoso Family Medicine Group	Occupation Physician	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 940.00	
\[\frac{1}{5}\]	SUBTOTAL of Receipts This Page (optional)	1		424.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) Arlene M Brown, MD			Date of Receipt
Mailing Address 1401 Sudderth Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ruidoso	State NM	Zip Code 88345-6104	Transaction ID: C364432 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00043 0104	158.00
Name of Employer Ruidoso Family Medicine Group	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 940.00	
Full Name (Last, First, Middle Initial) Arlene M Brown, MD			Date of Receipt
Mailing Address 1401 Sudderth Dr			12 18 2007
City Ruidoso	State NM	Zip Code 88345-6104	Transaction ID: C373861
FEC ID number of contributing federal political committee.	C	00040-0104	Amount of Each Receipt this Period 158.00
Name of Employer Ruidoso Family Medicine	Occupatio Physicial		
Group Receipt For:	<u> </u>	e Year-to-Date ▼	
Primary General Other (specify) ▼		940.00	
Full Name (Last, First, Middle Initial) Frank Henry Brown, MD			Date of Receipt
Mailing Address 2400 N 400 E			10 15 2007
City	State	Zip Code	Transaction ID: C349745
Ogden	UT	84414-7233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Intermountain Health Care	Occupatio Physicial		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		465.00	
			681.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 210 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phy	and Statements may not be sold or used by any pers g the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Douglas Burd, MD Mailing Address 1188 Mount Gretna	a Pd	Date of Receipt
City Elizabethtown	State Zip Code PA 17022-1339	Transaction ID: C321585 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.61
Name of Employer Penn StateHMC Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.07	
Full Name (Last, First, Middle Initial) Mark Douglas Burd, MD Mailing Address 1188 Mount Gretna	a Rd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C325354
Elizabethtown	PA 17022-1339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.61
Name of Employer Penn StateHMC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.07	
Full Name (Last, First, Middle Initial) Mark Douglas Burd, MD		Date of Receipt
Mailing Address 1188 Mount Gretna	a Rd	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: C345622
Elizabethtown	PA 17022-1339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.61
Name of Employer Penn StateHMC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.07	
SUBTOTAL of Receipts This Page (option	al)	136.83

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 210 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Douglas Burd, MD Mailing Address 1188 Mount Gretna Re City Elizabethtown FEC ID number of contributing federal political committee. Name of Employer Penn StateHMC Receipt For:	State Zip Code PA 17022-1339 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Mark Douglas Burd, MD Mailing Address 1188 Mount Gretna Re	365.07	Date of Receipt 1 1 1 1 9 2 0 0 7
City Elizabethtown FEC ID number of contributing federal political committee. Name of Employer Penn StateHMC Receipt For: Primary General Other (specify) ▼	State Zip Code PA 17022-1339 C Occupation Physician Aggregate Year-to-Date 365.07	Transaction ID: C364433 Amount of Each Receipt this Period 45.61
Full Name (Last, First, Middle Initial) Mark Douglas Burd, MD Mailing Address 1188 Mount Gretna Re City Elizabethtown FEC ID number of contributing federal political committee. Name of Employer Penn StateHMC Receipt For: Primary General Other (specify)	State Zip Code PA 17022-1339 C Occupation Physician Aggregate Year-to-Date 365.07	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	137.02

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 210 (check only one) X 11a
Any information copied from such Repor or for commercial purposes, other than L	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) Gerald William Cahill, MD		Date of Receipt
Mailing Address 81 Constable S		10 11 2007
City Malone	State Zip Code NY 12953-1331	Transaction ID: C349216 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Mary F Campagnolo, MD		Date of Receipt
Mailing Address Ashurst Family 1561 Route 38	Ste 6	07 09 2007
City Lumberton	State Zip Code NJ 08048-2939	Transaction ID: C316544
FEC ID number of contributing federal political committee.	NJ 08048-2939	Amount of Each Receipt this Period 365.00
Name of Employer Lumberton Family Physicia- ns, LLC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mary F Campagnolo, MD		Date of Receipt
Mailing Address Ashurst Family 1561 Route 38	Physicians Pa Ste 6	10 15 7 2007
City	State Zip Code	Transaction ID: C349744
Lumberton	NJ 08048-2939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	135.00
Name of Employer Lumberton Family Physicia- ns, LLC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (on	tional)	865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 210 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Edward W Capparelli, MD		Date of Receipt
Mailing Address 121 Moore St	State 7in Code	07 30 2007
City Newport	State Zip Code TN 37821-2409	Transaction ID: C322171 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Rural Medical Service	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) David Wayne Carlson, MD		Date of Receipt
Mailing Address 2811 Garden Cir		12 05 7 9 9 9
City	State Zip Code	Transaction ID: C368758
Burlington	IA 52601-1540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Great River Medical Servi- ces	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) David Adam Carlyle, MD		Date of Receipt
Mailing Address PO Box 3014		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C352023
Ames	IA 50010-3014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Family Medicine East	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)		2950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD Mailing Address PO Box 506	Ctata	7:a Cada	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Huntingdon FEC ID number of contributing federal political committee.	State TN	Zip Code 38344-0506	Transaction ID: C325427 Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Family P Aggregate		
Full Name (Last, First, Middle Initial) Robert R Casey, MD Mailing Address 801 Oak Ridge Tpke	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C368759
Oak Ridge	TN	37830-6916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Summit Medical Group	Occupatio Physicia	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Frank M Castillo, MD	1		Date of Receipt
Mailing Address 1151 W Vernon Par	k Pl		07 13 7 9 0 7
City	State	Zip Code	Transaction ID: C319704
Chicago FEC ID number of contributing federal political committee.	C	60607-3423	Amount of Each Receipt this Period 250.00
Name of Employer Erie Family Health Center	Occupation Family P		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	1		1615.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 27 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	the name and address	of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Denis E Chagnon, MD Mailing Address 383 VIy Rd			Date of Receipt
City Schenectady		Zip Code 12309-1922	Transaction ID: C350330 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Community Care Physicians	Occupation		20.00
Community Care Physicians Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year	-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Denis E Chagnon, MD Mailing Address 383 Vly Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C351005
Schenectady	NY	12309-1922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Community Care Physicians	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Cora Le Ethel Christian, MD	- 1		Date of Receipt
Mailing Address 40 EG La Grange PO Box 1338			10 12 2007
City Frederiksted		Zip Code	Transaction ID: C349681
FEC ID number of contributing federal political committee.	C	00841-1338	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		885.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 210 (check only one) X
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	American Academy of Family Physicia	ns Political	Action Committee	
	Full Name (Last, First, Middle Initial) Francis Nien Yuen Chu, MD			Date of Receipt
	Mailing Address 10800 Magnolia Ave # # PS3G City	3F State	Zip Code	1 0 1 1 2 0 0 7 Transaction ID: C349209
	Riverside	CA	92505-3043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.2000 00 10	365.00
	Name of Employer SCPMG	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Lanny R Copeland, MD			Date of Receipt
	Mailing Address 24308 Clocktower Dr 5800 Tennyson Pkwy			10 12 2007
	City	State	Zip Code	Transaction ID: C349680
	<u>Franklin</u>	TN	37067-6162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Triad Hospitals, Inc.	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
	Full Name (Last, First, Middle Initial) Jane A Corson, MD			Date of Receipt
	Mailing Address 3100 Schoolhouse Rd			07 23 YYYYY 2007
	City	State	Zip Code	Transaction ID: C321613
	Middletown	PA	17057-3548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.71
	Name of Employer Penn State College of Med- icine	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.06	
_	SUBTOTAL of Receipts This Page (optional)			790.71

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jane A Corson, MD Mailing Address 3100 Schoolhouse Ro City Middletown FEC ID number of contributing federal political committee. Name of Employer Penn State College of Medicine Receipt For: Primary General	State PA C Occupatio Physician		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Jane A Corson, MD Mailing Address 3100 Schoolhouse Ro City Middletown FEC ID number of contributing federal political committee. Name of Employer Penn State College of Medicine Receipt For: Primary General Other (specify) ▼	State PA C Occupatio Physician	Zip Code 17057-3548	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 0 7 Transaction ID: C345624 Amount of Each Receipt this Period 60.71
Full Name (Last, First, Middle Initial) Jane A Corson, MD Mailing Address 3100 Schoolhouse Ro City Middletown FEC ID number of contributing federal political committee. Name of Employer Penn State College of Medicine Receipt For: Primary General Other (specify)	State PA C Occupatio Physician		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .)	182.13

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the (crieck only only)
ny information copied from such Reports and a for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	ans i ontical rection committee	
Full Name (Last, First, Middle Initial) Jane A Corson, MD		Date of Receipt
Mailing Address 3100 Schoolhouse Ro		M M / D D / Y Y Y Y Y Y 1 1 1 1 1 9 2 0 0 7
City	State Zip Code	Transaction ID: C364434
Middletown	PA 17057-3548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.71
Name of Employer Penn State College of Med- icine	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	50	0.06
Full Name (Last, First, Middle Initial) Jane A Corson, MD	I	Date of Receipt
Mailing Address 3100 Schoolhouse Ro		12 18 2007
City	State Zip Code	Transaction ID: C373863
Middletown	PA 17057-3548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.80
Name of Employer Penn State College of Med- icine	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	50	0.06
Full Name (Last, First, Middle Initial) Richard L Corson, MD	1	Date of Receipt
Mailing Address 5 Arlene Ct		10 12 YYYY 10 12 2007
City	State Zip Code	Transaction ID: C349679
Hillsborough	NJ 08844-3004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	5.00
		486.51

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 210 (check only one)
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phy	<u> </u>		
Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt
Mailing Address Dept Of Family ar 900 NE 10th St	nd Prev Medicine		07 23 YYYYY 2007
City	State OK	Zip Code	Transaction ID: C321612
Oklahoma City FEC ID number of contributing federal political committee.	C	73104-5420	Amount of Each Receipt this Period 83.33
Name of Employer University of Oklahoma	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1030.01	
Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt
Mailing Address Dept Of Family ar 900 NE 10th St			08 / 20 / Y Y Y Y Y Y
City Oklahoma City	State OK	Zip Code 73104-5420	Transaction ID: C325364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75104 5420	83.34
Name of Employer University of Oklahoma	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	'''	e Year-to-Date ▼ 1030.01	
Full Name (Last, First, Middle Initial) Steven A Crawford, MD	I		Date of Receipt
Mailing Address Dept Of Family ar 900 NE 10th St	nd Prev Medicine		09 20 YYYYY 2007
City	State	Zip Code	Transaction ID: C345626
Oklahoma City FEC ID number of contributing federal political committee.	OK C	73104-5420	Amount of Each Receipt this Period 83.34
Name of Employer University of Oklahoma	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1030.01	
SUBTOTAL of Receipts This Page (option	nal)		250.01

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 210 (check only one) X 11a
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F American Academy of Far	than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Oklahoma City FEC ID number of contributing federal political committee.	amily and Prev Medicine	Zip Code 73104-5420	Date of Receipt M M M
Name of Employer University of Oklahoma Receipt For: Primary Genera Other (specify) ▼	Physicia Aggregate		
B. Full Name (Last, First, Middle Steven A Crawford, MD Mailing Address Dept Of Figure 900 NE 10 City Oklahoma City FEC ID number of contributing	amily and Prev Medicine th St State OK	Zip Code 73104-5420	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)			93.34
Full Name (Last, First, Middle I Steven A Crawford, MD Mailing Address Dept Of F. 900 NE 10 City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer University of Oklahoma Receipt For:	amily and Prev Medicine th St State OK C Occupation Physicia	Zip Code 73104-5420	Date of Receipt 1 2
Primary General Other (specify) SUBTOTAL of Receipts This Part TOTAL This Period (last page the	ge (optional)	1030.01	280.02

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 210 (check only one) X 11a
(Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD			Date of Receipt
	Mailing Address 2745 Bob Wallace Av	e SW Ste D		07 23 7 2007
	City Huntsville	State AL	Zip Code 35805-4177	Transaction ID: C321614
	FEC ID number of contributing federal political committee.	C	33003-4177	Amount of Each Receipt this Period 30.41
	Name of Employer Crestani Family Medicine	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.08	
В.	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD Mailing Address 2745 Bob Wallace Av.	e SW Ste D		Date of Receipt
	Ste 245			08 20 2007
	City Sta Huntsville AL		Zip Code 35805-4177	Transaction ID: C325368 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.41
	Name of Employer Crestani Family Medicine	Occupation Physicia		7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.08	
_ С.	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD			Date of Receipt
	Mailing Address 2745 Bob Wallace Av	e SW Ste D		09 / 20 / Y Y Y Y Y Y Y
	City Huntsville	State AL	Zip Code 35805-4177	Transaction ID: C345635
	FEC ID number of contributing federal political committee.	C	33003-4177	Amount of Each Receipt this Period 30.43
	Name of Employer Crestani Family Medicine	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.08	
	SUBTOTAL of Receipts This Page (optional)	1		91.25
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political	Action Committee	
∠ A .	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD			Date of Receipt
	Mailing Address 2745 Bob Wallace Ave Ste 245	e SW Ste D		10 25 7 2007
	City Huntsville	State AL	Zip Code 35805-4177	Transaction ID: C351145 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.43
	Name of Employer Crestani Family Medicine	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.08	
Б.	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD Mailing Address 2745 Bob Wallace Ave	a SW Sta D		Date of Receipt
	Ste 245			11 19 2007
	City St Huntsville A		Zip Code 35805-4177	Transaction ID: C364438 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.43
	Name of Employer Crestani Family Medicine	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.08	
С. С.	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD			Date of Receipt
	Mailing Address 2745 Bob Wallace Ave Ste 245	e SW Ste D		12 18 2007
	City Huntsville	State AL	Zip Code 35805-4177	Transaction ID: C373917 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000 4177	30.51
	Name of Employer Crestani Family Medicine	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.08	
	SUBTOTAL of Receipts This Page (optional)			91.37
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 210 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Anders Crissman, MD Mailing Address 211 Shelburne Ct			Date of Receipt
City Burlington	State NC	Zip Code 27215	Transaction ID: C345465 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Crissman Family Practice Receipt For: Primary General Other (specify)	Occupation Family P Aggregate		
Full Name (Last, First, Middle Initial) Mark Anders Crissman, MD Mailing Address 211 Shelburne Ct	•		Date of Receipt M
City	State	Zip Code	Transaction ID: C373837
Burlington NC		27215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Crissman Family Practice	Occupatio Family P	Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Max Aldon Crocker, MD	'		Date of Receipt
Mailing Address 1260 Colonial Dr			12 21 2007
City	State	Zip Code	Transaction ID: C373741
Lexington FEC ID number of contributing federal political committee.	C	40504-2025	Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupatio Retired	n	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	J)(li		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any personant the name and address of any political committee to	
Full Name (Last, First, Middle Initial) John S Cullen, MD Mailing Address PO Box 1829 City Valdez FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AK 99686-1829 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 5 2 0 0 7 Transaction ID: C349752 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) John Howard Darnell, MD Mailing Address Family Medicine Ce PO Box 987 City Flatwoods FEC ID number of contributing federal political committee.	enter PLLC State Zip Code KY 41139-0987	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Family Medicine Center, PLLC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) John Howard Darnell, MD Mailing Address Family Medicine Ce PO Box 987 City Flatwoods FEC ID number of contributing federal political committee.	State Zip Code KY 41139-0987	Date of Receipt M M
Name of Employer Family Medicine Center, PLLC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00]
SUBTOTAL of Receipts This Page (optional	I)	565.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 210 (check only one) X
Ar	ny information copied from such Reports and Story commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ans Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) John Howard Darnell, MD	DI LO		Date of Receipt
	Mailing Address Family Medicine Cent PO Box 987	er PLLG		09 / 20 / 2007
	City Flatwoods	State KY	Zip Code 41139-0987	Transaction ID: C345636
	FEC ID number of contributing federal political committee.	C	41135-0307	Amount of Each Receipt this Period
	Name of Employer Family Medicine Center, PLLC	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 8.	Full Name (Last, First, Middle Initial) LeAnne De Tar Newbert, MD Mailing Address 818 Lake of the Fores	st		Date of Receipt
	City	State	Zip Code	07 23 2007
	Bonner Springs	KS	66012-9504	Transaction ID: C321622 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		52.12
	Name of Employer Sisters of Charity of Lea- venworth Heal	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.02	
	Full Name (Last, First, Middle Initial) LeAnne De Tar Newbert, MD	1		Date of Receipt
	Mailing Address 818 Lake of the Fores	st		M M / D D / Y Y Y Y Y O D D / 2007
	City	State	Zip Code	Transaction ID: C325372
	Bonner Springs FEC ID number of contributing federal political committee.	C	66012-9504	Amount of Each Receipt this Period 52.12
	Name of Employer Sisters of Charity of Lea- venworth Heal	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.02	
		1		204.24

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LeAnne De Tar Newbert, MD Mailing Address 818 Lake of the For	est	Date of Receipt
City Bonner Springs	State Zip Code KS 66012-9504	Transaction ID: C345637 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	52.12
Name of Employer Sisters of Charity of Leavenworth Heal Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼	365.02
Full Name (Last, First, Middle Initial) LeAnne De Tar Newbert, MD Mailing Address 818 Lake of the For	est	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C351146
Bonner Springs	KS 66012-9504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.12
Name of Employer Sisters of Charity of Lea- venworth Heal Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	365.02
Full Name (Last, First, Middle Initial) LeAnne De Tar Newbert, MD		Date of Receipt
Mailing Address 818 Lake of the For	est	1 1 1 9 2 0 0 7
City	State Zip Code	Transaction ID: C364439
Bonner Springs	KS 66012-9504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.12
Name of Employer Sisters of Charity of Lea- venworth Heal Receipt For:	Occupation Physician Aggregate Year-to-Date	
Primary General Other (specify) ▼		365.02
SUBTOTAL of Receipts This Page (optiona		156.36

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 210 (check only one) X 11a
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	cians Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) LeAnne De Tar Newbert, MD Mailing Address 818 Lake of the Fore	-1		Date of Receipt
			7'n Oada	12 18 2007
	City Bonner Springs	State KS	Zip Code 66012-9504	Transaction ID: C373918
	FEC ID number of contributing federal political committee.	C	00012-3304	Amount of Each Receipt this Period 52.30
	Name of Employer Sisters of Charity of Lea- venworth Heal	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.02	
- 3.	Full Name (Last, First, Middle Initial) Jason B Dees, MD			Date of Receipt
	Mailing Address 620 W Longview Dr	10 12 2007		
	City	State	Zip Code	Transaction ID: C349678
	New Albany	MS	38652-2415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
. –	Full Name (Last, First, Middle Initial) Dennis M Dimitri, MD			Date of Receipt
	Mailing Address 295 Lincoln St Ste 20	04		10 12 2007
	City Worcester	State MA	Zip Code 01605-3639	Transaction ID: C349677 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.000 0000	265.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Γ		1		682.30

Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys Full Name (Last, First, Middle Initial) L Allen Dobson, MD Mailing Address Cabarrus Family M 270 Copperfield Bly City Concord	edicine	Date of Receipt M M
American Academy of Family Phys Full Name (Last, First, Middle Initial) L Allen Dobson, MD Mailing Address Cabarrus Family M 270 Copperfield Bly City	edicine rd NE # 202 State Zip Code	M M / D D / Y Y Y Y
L Allen Dobson, MD Mailing Address Cabarrus Family M 270 Copperfield Blv City	rd NE # 202 State Zip Code	M M / D D / Y Y Y Y
270 Copperfield Blv	rd NE # 202 State Zip Code	10 12 2007
-	·	
Concord	NC 3903E 3400	Transaction ID: C349676
	110 28023-2400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Cabarrus Family Medicine	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) William Harold Dodson, MD		Date of Receipt
Mailing Address MSC 09-5040 (FPC 1 Univ Of Nm	08 / 16 / Y Y Y Y Y Y Y	
City <u>Albuquerque</u>	State Zip Code NM 87131-0001	Transaction ID: C325298
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 31.00
Name of Employer University of New Mexico	Occupation Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00]
Full Name (Last, First, Middle Initial) William Harold Dodson, MD		Date of Receipt
Mailing Address MSC 09-5040 (FPC 1 Univ Of Nm	,	09 / 25 / 2007
City <u>Albuquerque</u>	State Zip Code NM 87131-0001	Transaction ID: C347374
FEC ID number of contributing federal political committee.	C 87131-0001	Amount of Each Receipt this Period 334.00
Name of Employer University of New Mexico	Occupation Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	J)	730.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 41/210 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not by the name and address	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political Actio	n Committee	
Full Name (Last, First, Middle Initial) Barbara J Doty, MD			Date of Receipt
Mailing Address 1700 Bogard Rd Si	10 12 2007		
City		Zip Code	Transaction ID: C349675
Wasilla FEC ID number of contributing federal political committee.	AK S	99654-6563	Amount of Each Receipt this Period 365.00
Name of Employer Providence Health Systems	Occupation Family Physic	ian	
Receipt For: Primary General Other (specify) ▼	Aggregate Year		
Full Name (Last, First, Middle Initial) Michael J Doyle, MD			Date of Receipt
Mailing Address At Green Grove Ro 3436 State Route 6	66		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Neptune		Zip Code 07753-2708	Transaction ID: C321906
FEC ID number of contributing federal political committee.	C	11735-2706	Amount of Each Receipt this Period 250.00
Name of Employer Self Emlployed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Jay S Erickson, MD			Date of Receipt
Mailing Address Glacier Medical As 1111 Baker Ave	SOC		07 23 YYYYY
City Whitefish		Zip Code 59937-2905	Transaction ID: C321623
FEC ID number of contributing federal political committee.	C	39337-2903	Amount of Each Receipt this Period 55.76
Name of Employer Glacier Medical Associates	Occupation Physician		7
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (options			670.76

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	d Statements may not be sold or used by any perso the name and address of any political committee to icians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jay S Erickson, MD Mailing Address Glacier Medical Ass 1111 Baker Ave	SOC	Date of Receipt 0 8 2 1 2 0 0 7
City Whitefish	State Zip Code MT 59937-2905	Transaction ID: C325382 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.76
Name of Employer Glacier Medical Associates Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 365.00	
Full Name (Last, First, Middle Initial) Jay S Erickson, MD Mailing Address Glacier Medical Ass 1111 Baker Ave	SOC	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C346037
Whitefish FEC ID number of contributing federal political committee.	MT 59937-2905	Amount of Each Receipt this Period 55.76
Name of Employer Glacier Medical Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jay S Erickson, MD	'	Date of Receipt
Mailing Address Glacier Medical Ass 1111 Baker Ave		10 25 7 2007
City Whitefish	State Zip Code MT 59937-2905	Transaction ID: C351148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 3993/-2903	55.76
Name of Employer Glacier Medical Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
	l)	167.28

or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys Full Name (Last, First, Middle Initial)	nd Statements may not be sold or used by any person the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	sicians Political Action Committee	
Jay S Erickson, MD		Date of Receipt
Mailing Address Glacier Medical As 1111 Baker Ave		11 26 2007
City Whitefish	State Zip Code MT 59937-2905	Transaction ID: C366873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.76
Name of Employer Glacier Medical Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jay S Erickson, MD	'	Date of Receipt
Mailing Address Glacier Medical As 1111 Baker Ave	SOC	12 18 2007
City Whitefish	State Zip Code MT 59937-2905	Transaction ID: C373920
FEC ID number of contributing federal political committee.	MT 59937-2905	Amount of Each Receipt this Period 55.78
Name of Employer Glacier Medical Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Bernard G Ewigman, MD, MSPH		Date of Receipt
Mailing Address Univ of Chicago Fa 5841 S Maryland A	ve # MC7110	07 10 7 2007
City <u>Chicago</u>	State Zip Code IL 60637-1470	Transaction ID: C319042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University of Chicago	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.33	
SUBTOTAL of Receipts This Page (optional	J)	361.54

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	Statements may not be sold or used by any persone name and address of any political committee scians Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD Mailing Address 1043 Sir James Ave City Dyersburg FEC ID number of contributing federal political committee. Name of Employer Family Care, PC Receipt For:	State Zip Code TN 38024-7344 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M D D 2 3 2 0 0 7
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Allen Felger, MD	700.00	Date of Receipt
Mailing Address 51181 Kings Xing 837 Cedar St Ste 129 City Granger FEC ID number of contributing federal political committee.	State Zip Code IN 46530-8812	Transaction ID: C321885 Amount of Each Receipt this Period 400.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Sarah J Fessler, MD Mailing Address East Bay Fam HIth C 100 Bullocks Point A City		Date of Receipt 10 12 2007
Riverside FEC ID number of contributing federal political committee.	RI 02915-5351	Transaction ID: C349670 Amount of Each Receipt this Period 365.00
Name of Employer East Bay Community Action Program Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		865.00

SCHEDULE A (FECI		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 210 (check only one) X
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In	er than using the name and ac	ay not be sold or used by any persideress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of Fa	amily Physicians Politica	I Action Committee	
Full Name (Last, First, Middle David Richard Field, MD	,		Date of Receipt
Mailing Address 2021 W I		7's Oads	08 14 2007
City Bismarck	State ND	Zip Code 58504-8913	Transaction ID: C324663 Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.		33304 3310	500.00
Name of Employer Med Center One	Occupati Physicia		
Receipt For: Primary Gene Other (specify) ▼	Aggregat	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle James G Fieseher, MD Mailing Address 330 Bortl			Date of Receipt
		10 12 2007	
City Portsmouth	State NH	Zip Code 03801-7111	Transaction ID: C349669
FEC ID number of contributin federal political committee.		03001-7111	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupati Physicia		
Receipt For: Primary Gene Other (specify) ▼		te Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Leonard Martin Finn, MD	Initial)		Date of Receipt
Mailing Address 42 Grasn	nere Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C349667
Needham FEC ID number of contributin federal political committee.	g C	02494-1806	Amount of Each Receipt this Period 265.00
Name of Employer Needham Family Practice Assoc., PC Receipt For:	Occupati Physicia		
Primary Gene Other (specify) ▼		365.00	
SUBTOTAL of Receipts This P	age (optional)		1130.00
TOTAL This Period (last page t		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Leonard Martin Finn, MD			Date of Receipt
Mailing Address 42 Grasmere Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: C349668
Needham FEC ID number of contributing federal political committee.	C	02494-1806	Amount of Each Receipt this Period 100.00
Name of Employer Needham Family Practice Assoc., PC	Occupatio Physicial	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Matthew P Finneran, MD			Date of Receipt
Mailing Address 251 Leatherman Rd			10 12 2007
City	State OH	Zip Code	Transaction ID: C349666
Wadsworth FEC ID number of contributing federal political committee.	C	44281-9236	Amount of Each Receipt this Period 265.00
Name of Employer Self Employed	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Nancy Wells Finnerty, MD			Date of Receipt
Mailing Address 13417 Us Highway	301		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C349664
Dade City FEC ID number of contributing federal political committee.	FL C	33525-5446	Amount of Each Receipt this Period 365.00
Name of Employer Florida Medical Clinic	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	J)		730.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 210 (check only one) X
or for comm	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) can Academy of Family Physici	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ne (Last, First, Middle Initial)			Date of Receipt
Mailing /	Address Exec Vice Pres - FL A 6720 Atlantic Blvd	08 / 22 / Y Y Y Y Y Y Y		
City	مالانس	State	Zip Code	Transaction ID: C325466
	number of contributing political committee.	C	32211-8730	Amount of Each Receipt this Period 365.00
Physicia Receipt Pr	i Employer Academy of Family ans For: imary General ther (specify)	, '	e Director e Year-to-Date ▼ 365.00	
	ne (Last, First, Middle Initial) Flinders, MD Address Utah Valley Family Me	edicine		Date of Receipt
City	475 W 940 N	10 12 2007		
Provo		State UT	Zip Code 84604-3301	Transaction ID: C349665 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		365.00
Name of IHC	Employer	Occupation Physicia		
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	ne (Last, First, Middle Initial) A Florence, MD	1		Date of Receipt
Mailing /	Address ETSU Dept of Fam Mo	ed		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C322054
	on City number of contributing political committee.	C	37614-1709	Amount of Each Receipt this Period 50.00
Name of East Te ersity	Employer nnessee State Univ-	Occupatio Physicia		
Receipt Pr	For: imary General her (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTA	L of Receipts This Page (optional)	1		780.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 210 (check only one) X 11a
or for comme	ion copied from such Reports and Sercial purposes, other than using the COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	n Academy of Family Physicia	ans Political	Action Committee	
Michael Ch	e (Last, First, Middle Initial) harles Foster, MD			Date of Receipt
	ddress 5522 E 90th St Ste 108	01-1-	7's Oads	11 1 1 4 2007
City Tulsa		State OK	Zip Code 74137-3585	Transaction ID: C353509 Amount of Each Receipt this Period
FEC ID nu	umber of contributing litical committee.	C		365.00
Name of E Harvard F	Employer ramily Physician	Occupation Physician		
Receipt For		Aggregate	Year-to-Date ▼ 365.00	
Jennifer Er	e (Last, First, Middle Initial) mma Frank, MD	ı		Date of Receipt
Mailing Ad	ddress 2499 Kapiolani Blvd Apt 1509			10 12 7 2007
City Honolulı	1	State HI	Zip Code 96826-5311	Transaction ID: C349629
FEC ID no	umber of contributing litical committee.	C	30020-3311	Amount of Each Receipt this Period 365.00
Name of E Self Empl	Employer loyed	Occupation Physician		
	or: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
	e (Last, First, Middle Initial) lichael Fromer, MD	1		Date of Receipt
Mailing Ac	ddress 15525 Hamner Dr			0 8 1 3 2 0 0 7
City		State	Zip Code	Transaction ID: C324252
	eies umber of contributing litical committee.	CA	90077-1804	Amount of Each Receipt this Period 200.00
Name of E Self Empl	Employer loyed	Occupation Physician		
Receipt Fo		,	Year-to-Date ▼ 565.00	
SUBTOTAL	of Receipts This Page (optional)			930.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of Family Physic	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) Susan J Gallo, MD			Date of Receipt
Mailing Address HC 30 Box 8180			08 / 13 / Y Y Y Y
City	State	Zip Code	Transaction ID: C324256
Miles City	MT	59301-9702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For:	- 	e Year-to-Date ▼	
Primary General	, iggi ogdio		7
Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Theresa C Garcia, MD	•		Date of Receipt
Mailing Address 1203 Buckner Tarsne	ey Rd Ste C		10 12 2007
City	State	Zip Code	Transaction ID: C349626
Grain Valley	MO	64029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Garcia Family Medicine & Winens Health	Occupatio Physicia		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michelle H Gardner, MD			Date of Receipt
Mailing Address 15032 Kings Row Rd	I		10 12 2007
City	State	Zip Code	Transaction ID: C349625
Caldwell	ID	83607-8370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer St. Al's Medical Group	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	35 5	365.00	
SUBTOTAL of Receipts This Page (optional)			1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 210 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Family Physicia	ans Political	Action Committee	
Full Name (Last, First, Middle Initial) Elizabeth Ann Garrett, MD			Date of Receipt
Mailing Address 2409 Kyle Dr			10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C349201
Columbia	MO	65203-5708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer University of MO - Columb- ia	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Andrea M Gavin, MD	l		Date of Receipt
Mailing Address 2636 Eastern Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C322181
Plymouth	WI	53073-4269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Aurora Health Care	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt
Mailing Address 1600 Providence Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C321638
Waco	TX	76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		92.73
Name of Employer Family Practice Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	
SUBTOTAL of Receipts This Page (optional)			957.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 210 (check only one) X
	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family Physic	ans Political Action Committee	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt
Mailing Address 1600 Providence Dr City	State Zip Code	0 8 2 1 2 0 0 7 Transaction ID: C325383
Waco	TX 76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.73
Name of Employer Family Practice Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD	1	Date of Receipt
Mailing Address 1600 Providence Dr		09 / 20 / 4 9 9
City	State Zip Code	Transaction ID: C345657
Waco	TX 76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.73
Name of Employer Family Practice Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD	I	Date of Receipt
Mailing Address 1600 Providence Dr		10 25 2007
City Waco	State Zip Code TX 76707-2261	Transaction ID: C351149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.73
Name of Employer Family Practice Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
SUBTOTAL of Receipts This Page (optional)		278.19

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD Mailing Address 1600 Providence Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Waco FEC ID number of contributing federal political committee.	State TX	Zip Code 76707-2261	Transaction ID: C366874 Amount of Each Receipt this Period 92.73
Name of Employer Family Practice Center Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate]
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD Mailing Address 1600 Providence Dr			Date of Receipt 1 2 1 8 2 0 0 7
City	State	Zip Code	Transaction ID: C374033
Waco FEC ID number of contributing federal political committee.	C	76707-2261	Amount of Each Receipt this Period 92.70
Name of Employer Family Practice Center Receipt For: Primary General	Occupatio Physicial Aggregate		1
Full Name (Last, First, Middle Initial) Bob Arvid Grubbs, MD Mailing Address 9817 Farmington Ro		1020.00	Date of Receipt
City	State	Zip Code	0 7 2 4 2 0 0 7 Transaction ID: C321725
Tuscaloosa	AL	35405-9427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer University Family Practice	Occupatio Physicia	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional))		550.43

or for commercial purp NAME OF COMMI American Acade Full Name (Last, Fi Kate K Gunnell, MD Mailing Address	oses, other than using the na TTEE (In Full) emy of Family Physicians	ame and add	ress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Acade Full Name (Last, Fi Kate K Gunnell, MD Mailing Address	emy of Family Physicians rst, Middle Initial) Hinsdale Family Med Ctr		Action Committee	
Mailing Address	Hinsdale Family Med Ctr			
•		•		Date of Receipt
				10 11 2007
City		State IL	Zip Code	Transaction ID: C349218
Hinsdale FEC ID number of lederal political com		C	60521-3860	Amount of Each Receipt this Period 365.00
Name of Employer Hinsdale Family Me	edicine	Occupation Physician		
Receipt For: Primary Other (specify	General y) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, Fi Patrick B Harr, MD Mailing Address	rst, Middle Initial)			Date of Receipt
	1027 VICIOIY LII			10 11 2007
City Maryville		State MO	Zip Code 64468-3803	Transaction ID: C349137
FEC ID number of federal political com		C	04400-3003	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed		Occupation Physcian	ı	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, Fi				Date of Receipt
	PO Box 655 904 26th St			10 18 7 2007
City <u>Ha</u> leyville		State AL	Zip Code 35565-1719	Transaction ID: C350282 Amount of Each Receipt this Period
FEC ID number of federal political com		C	1 1 1 1 1	500.00
Name of Employer Self Employed		Occupation Physician		
Receipt For: Primary Other (specify	General y) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Recei	ots This Page (optional)			1365.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 210 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Michel Harsha, MD Mailing Address 7522 Chestnut Hills	s Dr		Date of Receipt
City Indianapolis FEC ID number of contributing	State IN	Zip Code 46278-1781	Transaction ID: C321568 Amount of Each Receipt this Period
Name of Employer St. Vincent Hospitals Receipt For:	Occupation Physician Aggregate		150.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	250.00	
David Grant Heald, MD Mailing Address 134 Baypath Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C319692
Oak Ridge FEC ID number of contributing federal political committee.	C	37830-7851	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Caryl J Heaton, DO			Date of Receipt
Mailing Address 185 S Orange Ave	MSB B648		09 21 2007
City	State	Zip Code	Transaction ID: C346040
Newark FEC ID number of contributing federal political committee.	NJ C	07103-2757	Amount of Each Receipt this Period 91.25
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	al)		606.25

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports an r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
American Academy of Family Physi	icians Political Action Committee	
Full Name (Last, First, Middle Initial) Caryl J Heaton, DO		Date of Receipt
Mailing Address 185 S Orange Ave I		10 25 2007
City Newark	State Zip Code NJ 07103-2757	Transaction ID: C351150
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 91.25
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Caryl J Heaton, DO	40D Do 40	Date of Receipt
Mailing Address 185 S Orange Ave N	11 26 7 2007	
City	State Zip Code	Transaction ID: C366875
Newark FEC ID number of contributing federal political committee.	NJ 07103-2757	Amount of Each Receipt this Period 91.25
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Caryl J Heaton, DO		Date of Receipt
Mailing Address 185 S Orange Ave N	MSB B648	12 18 2007
City Newark	State Zip Code NJ 07103-2757	Transaction ID: C374034 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.25
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional		273.75

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 210 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to resicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lori J Heim, MD		Date of Receipt
Mailing Address 250 Hollybrook Fa		09 17 2007
City Vass	State Zip Code NC 28394	Transaction ID: C345466 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004	1500.00
Name of Employer Biltmore Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD		Date of Receipt
Mailing Address 1305 W 18th St PO Box 5039		07 23 7 2007
City Sioux Falls	State Zip Code	Transaction ID: C321639
FEC ID number of contributing federal political committee.	SD 57117-5039	Amount of Each Receipt this Period 500.00
Name of Employer Sioux Valley Health Syste- ms	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD		Date of Receipt
Mailing Address 1305 W 18th St PO Box 5039		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sioux Falls	State Zip Code SD 57117-5039	Transaction ID: C325384
FEC ID number of contributing federal political committee.	C 37117-3039	Amount of Each Receipt this Period 500.00
Name of Employer Sioux Valley Health Syste- ms	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (option	nal)	2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address 1305 W 18th St PO Box 5039 City	State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sioux Falls FEC ID number of contributing federal political committee.	SD	57117-5039	Amount of Each Receipt this Period 500.00
Name of Employer Sioux Valley Health Syste- ms Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address 1305 W 18th St PO Box 5039 City Sioux Falls FEC ID number of contributing federal political committee.	State SD	Zip Code 57117-5039	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 5 2 0 0 7 Transaction ID: C351152 Amount of Each Receipt this Period 500.00
Name of Employer Sioux Valley Health Syste- ms Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address 1305 W 18th St PO Box 5039			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Sioux Falls FEC ID number of contributing federal political committee.	State SD	Zip Code 57117-5039	Transaction ID: C366876 Amount of Each Receipt this Period 500.00
Name of Employer Sioux Valley Health Syste- ms Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address 1305 W 18th St PO Box 5039 City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Sioux Valley Health Systems Receipt For: Primary General	State SD C Occupatio Physician	Zip Code 57117-5039	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD Mailing Address 3258 N Monroe St City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Patients First North, P.A.	State FL C	Zip Code 32303-2822	Date of Receipt 0 7 2 3 2 0 0 7 Transaction ID: C321642 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD Mailing Address 3258 N Monroe St	Physicial Aggregate	n e Year-to-Date ▼ 5000.00	Date of Receipt 0 8 2 1 2 0 0 7
City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Patients First North, P.A. Receipt For: Primary General Other (specify) ▼	State FL C Occupatio Physicial Aggregate		Transaction ID: C325385 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 210 (check only one) X
(Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
A .	Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD			Date of Receipt
	Mailing Address 3258 N Monroe St		71.0	09 20 2007
	City <u>Tallahassee</u>	State FL	Zip Code 32303-2822	Transaction ID: C345660 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Patients First North, P.A.	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
_ В.	Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD Mailing Address 3258 N Monroe St			Date of Receipt
		Ctata	7:- O-d-	10 25 2007
	City Tallahassee	State FL	Zip Code 32303-2822	Transaction ID: C351153 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Patients First North, P.A.	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
_ С.	Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD			Date of Receipt
	Mailing Address 3258 N Monroe St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C366891
	Tallahassee FEC ID number of contributing federal political committee.	C	32303-2822	Amount of Each Receipt this Period 750.00
	Name of Employer Patients First North, P.A.	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	, t	Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00
t	TOTAL This Period (last page this line number		<u> </u>	

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 210 (check only one) X 11a
or for commer	cial purposes, other than using the	Statements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	COMMITTEE (In Full) n Academy of Family Physicia	ans Political	Action Committee	
Thomas Ly	(Last, First, Middle Initial) nn Hicks, MD dress 3258 N Monroe St			Date of Receipt
City	JESS JZS6 IN INIOTHOR SI	State	Zip Code	1 2 1 8 2 0 0 7 Transaction ID: C374038
<u>Tallahas</u>	see	FL	32303-2822	Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C		750.00
Name of E Patients Fi	mployer rst North, P.A.	Occupatio Physicia		
Receipt Fo		Aggregate	e Year-to-Date ▼	
Prima Othe	ary General r (specify) ▼		5000.00	
Marcus T H	<u> </u>			Date of Receipt
Mailing Add	dress 1423 E Main St # 119			07 / 30 / 4 2007
City		State	Zip Code	Transaction ID: C322149
<u>Cortez</u>		CO	81321-2931	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		100.00
Name of E Self Emplo	mployer yed	Occupatio Physicia		
Receipt Fo	r:	Aggregate	e Year-to-Date ▼	
Prim. Othe	ary General r (specify) ♥		465.00	
Full Name David J Ho	(Last, First, Middle Initial) elting, MD			Date of Receipt
Mailing Add	dress 100 ValleyView Dr P.O. Box 283			08 / 07 / 4 2007
City		State	Zip Code	Transaction ID: C322948
<u>Pender</u>		NE	68047-0609	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		250.00
Name of E Mercy Med	dical Clinic	Occupatio Physicia	n	
Receipt Fo		Aggregate	e Year-to-Date ▼	_
Prim Othe	ary General r (specify) ▼		1000.00	
SUBTOTAL	of Receipts This Page (optional)			1100.00
	Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 210 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) John Richard Holman, MD			Date of Receipt
Mailing Address 578 Inverlochy Dr			07 24 2007
City Fallbrook	State CA	Zip Code 92028-5417	Transaction ID: C321709 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92020-0417	365.00
Name of Employer Naval Hospital	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Brian Lee Holmes, MD			Date of Receipt
Mailing Address 1111 N Brady St S	te B		07 23 7 2007
City Abilene	State KS	Zip Code 67410-1804	Transaction ID: C321644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.61
Name of Employer Family Care Clinic, LLP	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.07	
Full Name (Last, First, Middle Initial) Brian Lee Holmes, MD			Date of Receipt
Mailing Address 1111 N Brady St S	te B		0 8 2 1 2 0 0 7
City Abilene	State KS	Zip Code 67410-1804	Transaction ID: C325386
FEC ID number of contributing federal political committee.	C	07410-1004	Amount of Each Receipt this Period 45.61
Name of Employer Family Care Clinic, LLP	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.07	
SUBTOTAL of Receipts This Page (optional			456.22

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 210 (check only one) X
Any information copied from such Reports and State or for commercial purposes, other than using the result of NAME OF COMMITTEE (In Full) American Academy of Family Physician	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Lee Holmes, MD Mailing Address 1111 N Brady St Ste B			Date of Receipt
City Abilene FEC ID number of contributing	State KS	Zip Code 67410-1804	Transaction ID: C345661 Amount of Each Receipt this Period 45.61
Receipt For: Primary General	Occupation Physician Aggregate		45.01
Full Name (Last, First, Middle Initial) Brian Lee Holmes, MD Mailing Address 1111 N Brady St Ste B	0.44		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Abilene FEC ID number of contributing federal political committee. Name of Employer Family Care Clinic, LLP	State KS C Occupatio		Transaction ID: C351172 Amount of Each Receipt this Period 45.61
Receipt For: Primary General Other (specify) ▼	Physicial Aggregate	n e Year-to-Date ▼ 365.07	
Full Name (Last, First, Middle Initial) Brian Lee Holmes, MD Mailing Address 1111 N Brady St Ste B			Date of Receipt 1 1 2 6 2 0 0 7
City Abilene FEC ID number of contributing federal political committee.	State KS	Zip Code 67410-1804	Transaction ID: C366900 Amount of Each Receipt this Period 45.61
Name of Employer Family Care Clinic, LLP Receipt For: Primary General	Occupation Physician Aggregate		
Other (specify) ▼		365.07	
SUBTOTAL of Receipts This Page (optional))	136.83

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 210 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Brian Lee Holmes, MD Mailing Address 1111 N Brady St St	te B		Date of Receipt 1 2 1 8 2 0 0 7
City Abilene FEC ID number of contributing federal political committee.	State KS	Zip Code 67410-1804	Transaction ID: C374039 Amount of Each Receipt this Period 45.80
Name of Employer Family Care Clinic, LLP Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Joel E Hornung, MD Mailing Address 604 N Washington	St		Date of Receipt 1 0 1 2 2 0 0 7
City Council Grove	State KS	Zip Code 66846-1422	Transaction ID: C349343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Family Health Center of Morris County Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Leonard Marc Horowitz, MD Mailing Address 119 Rockaway Ave			Date of Receipt
		7: 0 1	12 01 2007
City <u>Marblehead</u>	State MA	Zip Code 01945-2743	Transaction ID: C367618 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self-Employed	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	al)		810.80

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 210 (check only one) X 11a
A O	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Steven A House, MD Mailing Address Family Health Center 3790 Eisenhower Pky			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C345591
	Macon	GA	31206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercer University School of Medicine Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		1
 3.	Full Name (Last, First, Middle Initial) Mary Marcella Huff, MD Mailing Address 402 May St	0 0		Date of Receipt 0 7 2 3 2 0 0 7
	City	State	Zip Code	07 23 2007 Transaction ID: C321651
	Sweetwater	TN	37874-2712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Self-Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
. –	Full Name (Last, First, Middle Initial) Anthony Craig Jaspers, MD			Date of Receipt
	Mailing Address 221 S Murphy St			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C315689
	Lake Crystal	MN	56055-0090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Mankato Clinic	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1		655.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 210 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ysicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph M Jeu, MD Mailing Address 3958 Leap Rd City Hilliard	State Zip Code OH 43026-1114	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Hilliard Family Medicine, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Carol Ann Johnson, MD Mailing Address 5303 E 46th St N City Wichita	State Zip Code KS 67220-1400	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Emergency Services of Kansas Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 365.00	365.00
Full Name (Last, First, Middle Initial) Arthur Patrick Jonas, MD Mailing Address 1882 River Ridge City Spring Valley FEC ID number of contributing federal political committee.	Dr State Zip Code OH 45370-9780	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 9 2 0 0 7 Transaction ID: C343533 Amount of Each Receipt this Period 73.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	nal)	938.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 210 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ans Political	Action Committee	
۷.	Full Name (Last, First, Middle Initial) Arthur Patrick Jonas, MD			Date of Receipt
	Mailing Address 1882 River Ridge Dr			09 20 7 2007
	City Spring Valley	State OH	Zip Code 45370-9780	Transaction ID: C345663 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10070 0700	73.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
 3.	Full Name (Last, First, Middle Initial) Arthur Patrick Jonas, MD Mailing Address 1882 River Ridge Dr			Date of Receipt
		Otata	7:n Onda	10 26 2007
	City Spring Valley	State OH	Zip Code 45370-9780	Transaction ID: C351173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		73.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
 :.	Full Name (Last, First, Middle Initial) Arthur Patrick Jonas, MD			Date of Receipt
	Mailing Address 1882 River Ridge Dr			1 1 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C366905
	Spring Valley FEC ID number of contributing federal political committee.	OH C	45370-9780	Amount of Each Receipt this Period 73.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			219.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 210 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Arthur Patrick Jonas, MD			Date of Receipt
	Mailing Address 1882 River Ridge Dr			12 19 2007
	City Spring Valley	State OH	Zip Code 45370-9780	Transaction ID: C374139
	FEC ID number of contributing federal political committee.	C	45570-9760	Amount of Each Receipt this Period 73.00
	Name of Employer Self Employed	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) John Boyd Jones, MD			Date of Receipt
	Mailing Address 300 S Byron Blvd			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C315601
	Chamberlain	SD	57325-9741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Physicia		
	Receipt For:	, ' · · ·	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Faheem M Jukaku, MD			Date of Receipt
	Mailing Address 4985 Hidden Glen Ln			07 23 YYYY 2007
	City	State	Zip Code	Transaction ID: C321656
	Yorba Linda	CA	92887-2811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer RCRMC	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Г		•		1173.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician	Statements may not be sold or used by any person ename and address of any political committee to tank Political Action Committee	
Full Name (Last, First, Middle Initial) Faheem M Jukaku, MD Mailing Address 4985 Hidden Glen Ln City Yorba Linda FEC ID number of contributing federal political committee. Name of Employer RCRMC Receipt For:	State Zip Code CA 92887-2811 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Faheem M Jukaku, MD Mailing Address 4985 Hidden Glen Ln	500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Yorba Linda FEC ID number of contributing federal political committee. Name of Employer RCRMC Receipt For: Primary General Other (specify) ▼	State Zip Code CA 92887-2811 C Occupation Physician Aggregate Year-to-Date 500.00	Transaction ID: C346038 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Algirdas A Juocys, DO Mailing Address 5689 Carrollton Ct City Rochester FEC ID number of contributing federal political committee.	State Zip Code MI 48306-2397	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional) .		700.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perng the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark S Keating, MD Mailing Address 801 20th Ave E City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Jasper FEC ID number of contributing federal political committee.	AL 35501-4070	Amount of Each Receipt this Period 500.00
Name of Employer Family Health Associates PC Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Vincent D Keenan, CAE Mailing Address 4756 Main St		Date of Receipt 0 7 2 3 2 0 0 7
City <u>Lisle</u> FEC ID number of contributing federal political committee.	State Zip Code IL 60532-1724	Transaction ID: C321657 Amount of Each Receipt this Period 125.00
Name of Employer Illinois Academy of Family Physicians Receipt For: Primary General Other (specify)	Occupation Association Exec. Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD Mailing Address 6502 62nd Street	Ct W	Date of Receipt
City University Place	State Zip Code WA 98467-4954	Transaction ID: C349110 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	122.00
Receipt For: Primary Other (specify)	Resident Family Physician Aggregate Year-to-Date 365.00	
SUBTOTAL of Receipts This Page (option	nal)	747.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	d Statements may not be sold or used by any perso the name and address of any political committee to icians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD Mailing Address 6502 62nd Street Ct City University Place FEC ID number of contributing federal political committee. Name of Employer Multicare Receipt For:	State Zip Code WA 98467-4954 C Occupation Resident Family Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C366908 Amount of Each Receipt this Period 122.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD	365.00	Date of Receipt
Mailing Address 6502 62nd Street City University Place FEC ID number of contributing federal political committee. Name of Employer Multicare Receipt For: Primary General Other (specify)	State Zip Code WA 98467-4954 C Occupation Resident Family Physician Aggregate Year-to-Date 365.00	Transaction ID: C374140 Amount of Each Receipt this Period 121.00
Full Name (Last, First, Middle Initial) Michael L Kennedy, MD Mailing Address Mail Stop 4010 3901 Rainbow Blvd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Univ. of Kansas School of	State Zip Code KS 66160-0004 C	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C321664 Amount of Each Receipt this Period 36.50
Univ. of Kansas School of Medicine Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	Assistant Professor Family Medicine Aggregate Year-to-Date ▼ 547.50	279.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Michael L Kennedy, MD		Date of Receipt
Mailing Address Mail Stop 4010 3901 Rainbow Blvd		10 10 2007
City	State Zip Code	Transaction ID: C349109
Kansas City	KS 66160-0004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	122.00
Name of Employer Univ. of Kansas School of Medicine Receipt For: Primary General	Occupation Assistant Professor Family Medicine Aggregate Year-to-Date ▼	
Other (specify) ▼	547.50	
Full Name (Last, First, Middle Initial) Michael L Kennedy, MD Mailing Address Mail Stop 4010		Date of Receipt
3901 Rainbow Blvd City	State Zip Code	11 26 2007
Kansas City	KS 66160-0004	Transaction ID: C366909 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	122.00
Name of Employer Univ. of Kansas School of Medicine	Occupation Assistant Professor Family Medicine	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 547.50	
Full Name (Last, First, Middle Initial) Michael L Kennedy, MD		Date of Receipt
Mailing Address Mail Stop 4010 3901 Rainbow Blvd		12 19 2007
City <u>Kansas City</u>	State Zip Code KS 66160-0004	Transaction ID: C374141 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	121.00
Name of Employer Univ. of Kansas School of Medicine	Occupation Assistant Professor Family Medicine	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 547.50	
SUBTOTAL of Receipts This Page (optional)		365.00
TOTAL This Period (last page this line number	·	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 210 (check only one) X
or for comm	ation copied from such Reports and St nercial purposes, other than using the DF COMMITTEE (In Full) can Academy of Family Physicia	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing A City Keokul		State IA	Zip Code 52632-9805	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Tristate Receipt	number of contributing political committee. f Employer Medical Group For: imary General ther (specify)	Occupatio Physician Aggregate		122.00
Kiran B I	ne (Last, First, Middle Initial) Khanolkar, MD Address 2743 355th St	State IA	Zip Code 52632-9805	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Tristate Receipt	number of contributing political committee. f Employer Medical Group For: imary General ther (specify)	Occupation Physician Aggregate		122.00
City Keokul	ne (Last, First, Middle Initial) Khanolkar, MD Address 2743 355th St K number of contributing political committee.	State IA	Zip Code 52632-9805	Date of Receipt 1 2 1 9 2 0 0 7 Transaction ID: C374142 Amount of Each Receipt this Period 121.00
Receipt Pr	f Employer Medical Group For: imary	Occupation Physician Aggregate		
SUBTOTA	NL of Receipts This Page (optional))	365.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any personal the name and address of any political committee sicians Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Karen Kinast-Porter, MD Mailing Address 2302 11th St		Date of Receipt
City Monroe FEC ID number of contributing	State Zip Code WI 53566-1811	Transaction ID: C349106 Amount of Each Receipt this Period 265.00
Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date 365.00	200.00
Full Name (Last, First, Middle Initial) Gregory King, MD Mailing Address 1120 Vail Rd		Date of Receipt 1 1 2 4 2 0 0 7
City Bennington FEC ID number of contributing	State Zip Code VT 05201-9597	Transaction ID: C366872 Amount of Each Receipt this Period 365.00
Receipt For: Primary Other (specify) ▼	Occupation family physician Aggregate Year-to-Date 365.00	
Full Name (Last, First, Middle Initial) Michael R King, MD Mailing Address UK Dept of Family		Date of Receipt
K302 Kentucky Clin City Lexington FEC ID number of contributing	State Zip Code KY 40536-0001	Transaction ID: C321658 Amount of Each Receipt this Period
federal political committee. Name of Employer University of Kentucky	Occupation Physician	45.61
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.07	
SUBTOTAL of Receipts This Page (optional	l)	675.61

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
). A.	Full Name (Last, First, Middle Initial) Michael R King, MD			Date of Receipt
	Mailing Address UK Dept of Family Me K302 Kentucky Clinic			08 21 2007
	City <u>Lexington</u>	State KY	Zip Code 40536-0001	Transaction ID: C325388 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.61
	Name of Employer University of Kentucky	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.07	
В.	Full Name (Last, First, Middle Initial) Michael R King, MD Mailing Address UK Dept of Family Me	dicine		Date of Receipt
	K302 Kentucky Clinic	09 21 2007		
	Lexington	State KY	Zip Code 40536-0001	Transaction ID: C346039 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.61
	Name of Employer University of Kentucky	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' · · ·	e Year-to-Date ▼ 365.07	
- С.	Full Name (Last, First, Middle Initial) Michael R King, MD	1		Date of Receipt
	Mailing Address UK Dept of Family Me K302 Kentucky Clinic	dicine		10 26 7 2007
	City Lexington	State KY	Zip Code	Transaction ID: C351174
	FEC ID number of contributing federal political committee.	C	40536-0001	Amount of Each Receipt this Period 45.61
	Name of Employer University of Kentucky	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.07	
	SUBTOTAL of Receipts This Page (optional)			136.83
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 210 (check only one) X	
0	ny information copied from such Reports and r for commercial purposes, other than using t	Statements ma he name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	cians Political	Action Committee		
	Full Name (Last, First, Middle Initial) Michael R King, MD			Date of Receipt	
	Mailing Address UK Dept of Family M K302 Kentucky Clinic			11 28 2007	
	City	State	Zip Code	Transaction ID: C367313	
	Lexington FEC ID number of contributing	KY	40536-0001	Amount of Each Receipt this Period	
	federal political committee.	C		45.61	
	Name of Employer University of Kentucky	Occupation Physicia			
	Receipt For:	_ ' 	e Year-to-Date ▼		
	Primary General Other (specify) ▼		365.07		
_	Full Name (Last, First, Middle Initial) Michael R King, MD			Date of Receipt	
	Mailing Address UK Dept of Family Medicine K302 Kentucky Clinic			12 19 2007	
	City	State	Zip Code	Transaction ID: C374143	
	Lexington	KY	40536-0001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		45.80	
	Name of Employer University of Kentucky	Occupation Physicia			
	Receipt For:	_ ' · · ·	e Year-to-Date V		
	Primary General Other (specify) ▼		365.07		
_	Full Name (Last, First, Middle Initial) Patricia P King, MD			Date of Receipt	
	Mailing Address Brevard Va Outpatie 2900 Veterans Way	nt Clinic		07 30 2007	
	City	State	Zip Code	Transaction ID: C322173	
	Viera	<u>FL</u>	32940-8007	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer Brevard VAOPC	Occupatio Physicia			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)		365.00		
Г				456.41	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 210 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no e name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physicia	ans Political Ac	ction Committee	
۸.	Full Name (Last, First, Middle Initial) Diane D Klingman, MD			Date of Receipt
	Mailing Address 3009 N Cypress Dr	Otata	7'- 0-4-	12 28 2007
	City Wichita	State KS	Zip Code 67226-4003	Transaction ID: C375044
	FEC ID number of contributing federal political committee.	C	07220-4003	Amount of Each Receipt this Period 250.00
	Name of Employer Preferred Medical Associa- tes	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Steven D Knight, MD			Date of Receipt
	Mailing Address Primary Care Group 117 E Clark St			08 / 29 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C343528
	Harrisburg FEC ID number of contributing federal political committee.	C	62946-2702	Amount of Each Receipt this Period 365.00
	Name of Employer Primary Care Group	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 365.00	
. –	Full Name (Last, First, Middle Initial) Jason L Knudson, MD			Date of Receipt
	Mailing Address 1420 N 10th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C321218
	Spearfish FEC ID number of contributing federal political committee.	SD	57783-1532	Amount of Each Receipt this Period 1000.00
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For: Primary General Other (specify)	, · · · · · · · · · · · · · · · · · · ·	ear-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1615.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 77 / 210 (check only one) X
Ar	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any	political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Academy of Family Physic	ans Political Action Co	ommittee	
	Full Name (Last, First, Middle Initial) William Eric Kobler, MD			Date of Receipt
	Mailing Address 6729 Mill Brook Dr			10 18 2007
	City	State Zip Co	ode	Transaction ID: C350360
	Rockford	IL 61108	3-4310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer OSF Healthcare Systems	Occupation Physician		
	Receipt For: Primary General	Aggregate Year-to-Da	ate 🔻	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Jennifer Scott Koontz, MD	I		Date of Receipt
	Mailing Address 5903 N East Parkview St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Co	ode	Transaction ID: C321659
	Park City	KS 67219	9-2320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.63
	Name of Employer Wichita Center for Medical Graduate Ed	Occupation Resident Physiciar	1	
	Receipt For:	Aggregate Year-to-Da	ate V	
	Primary General Other (specify) ▼		390.01	
	Full Name (Last, First, Middle Initial) Jennifer Scott Koontz, MD	l		Date of Receipt
	Mailing Address 5903 N East Parkview	√ St		0 8 2 2 2 2 0 0 7
	City	State Zip Co	ode	Transaction ID: C325424
	Park City	KS 67219	9-2320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.63
	Name of Employer Wichita Center for Medical Graduate Ed	Occupation Resident Physician	1	
	Receipt For:	Aggregate Year-to-Da	ate 🔻	
	Primary General Other (specify) ▼		390.01	
				456.26

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 210 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phy	g the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jennifer Scott Koontz, MD		Date of Receipt
Mailing Address 5903 N East Parkv	riew St	0 9 2 1 2 0 0 7
City	State Zip Code	Transaction ID: C346051
Park City	KS 67219-2320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Wichita Center for Medical Graduate Ed	Occupation Resident Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	390.01	
Full Name (Last, First, Middle Initial) Jennifer Scott Koontz, MD	I	Date of Receipt
Mailing Address 5903 N East Parkv	riew St	10 26 2007
City	State Zip Code	Transaction ID: C351175
Park City	KS 67219-2320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Wichita Center for Medical Graduate Ed	Occupation Resident Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.01	
Full Name (Last, First, Middle Initial) Jennifer Scott Koontz, MD		Date of Receipt
Mailing Address 5903 N East Parkv	riew St	1 1 2 8 2 0 0 7
City	State Zip Code	Transaction ID: C367315
Park City	KS 67219-2320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Wichita Center for Medical Graduate Ed	Occupation Resident Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.01	
	_ I	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Jennifer Scott Koontz, MD Mailing Address 5903 N East Parkvie	w St	Date of Receipt
		12 19 2007
City	State Zip Code	Transaction ID: C374147
Park City	KS 67219-2320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.60
Name of Employer Wichita Center for Medical Graduate Ed	Occupation Resident Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.01	
Full Name (Last, First, Middle Initial) Kaparaboyna Ashok Kumar, MD		Date of Receipt
Mailing Address UTHSC Dept of Fam 7703 Floyd Curl Dr M		10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C349100
San Antonio	TX 78229-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	122.00
Name of Employer University of Texas	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Kaparaboyna Ashok Kumar, MD		Date of Receipt
Mailing Address UTHSC Dept of Fam 7703 Floyd Curl Dr M	Med /ISC7794	11
City	State Zip Code	Transaction ID: C367326
San Antonio	TX 78229-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	122.00
Name of Employer University of Texas	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SURTOTAL of Receipts This Page (optional)		289.60

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 210 (check only one) X	
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	American Academy of Family Physic	cians Political	Action Committee		
	Full Name (Last, First, Middle Initial) Kaparaboyna Ashok Kumar, MD	Mad		Date of Receipt	
	Mailing Address UTHSC Dept of Fam 7703 Floyd Curl Dr M			12 19 2007	
	City	State	Zip Code	Transaction ID: C374148	
	San Antonio	TX	78229-3901	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		121.00	
	Name of Employer University of Texas	Occupatio Physicia			
	Receipt For:	- ' - '	e Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
_	Full Name (Last, First, Middle Initial) Marianne C LaBarbera, MD	-		Date of Receipt	
	Mailing Address 1975 Hylan Blvd Ste	1		10 10 7 2007	
	City	State	Zip Code	Transaction ID: C349098	
	Staten Island	NY	10306-3523	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		122.00	
	Name of Employer Self-Employed	Occupation Physicia			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	365.00		
_	Full Name (Last, First, Middle Initial) Marianne C LaBarbera, MD			Date of Receipt	
	Mailing Address 1975 Hylan Blvd Ste	1		M M / D D / Y Y Y Y Y 1 1 1 2 8 2 0 0 7	
	City	State	Zip Code	Transaction ID: C367332	
	Staten Island	NY	10306-3523	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		122.00	
	Name of Employer Self-Employed	Occupation Physicia			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
Г	SUBTOTAL of Receipts This Page (optional)			365.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	
A oı	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any ne name and address of any political committee of the sold o	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	American Academy of Family Physic	cians Political Action Committee	
	Full Name (Last, First, Middle Initial) Marianne C LaBarbera, MD	4	Date of Receipt
	Mailing Address 1975 Hylan Blvd Ste City	State Zip Code	1 2 1 9 2 0 0 7 Transaction ID: C374149
	Staten Island	NY 10306-3523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	121.00
	Name of Employer Self-Employed	Occupation Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	365.0	00
	Full Name (Last, First, Middle Initial) Arne T Lagus, MD		Date of Receipt
	Mailing Address St Croix Regional Me 204 S Adams St	09 / 05 / 2007	
	City	State Zip Code	Transaction ID: C343791
	Saint Croix Falls	WI 54024-9449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	91.25
	Name of Employer St. Croix Regional Medical Center	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	365.0	00
	Full Name (Last, First, Middle Initial) Arne T Lagus, MD		Date of Receipt
	Mailing Address St Croix Regional Me 204 S Adams St		10 26 2007
	City	State Zip Code	Transaction ID: C351176
	Saint Croix Falls	WI 54024-9449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	91.25
	Name of Employer St. Croix Regional Medical Center	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	365.0	00 "
Г		_1	303.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
American Academy of Family Physi	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Arne T Lagus, MD			Date of Receipt
Mailing Address St Croix Regional M 204 S Adams St City	led Ctr State	Zip Code	1 1 2 8 2 0 0 7 Transaction ID: C367336
Saint Croix Falls	WI	54024-9449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		91.25
Name of Employer St. Croix Regional Medical Center	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Arne T Lagus, MD			Date of Receipt
Mailing Address St Croix Regional M 204 S Adams St	12 19 2007		
City Saint Croix Falls	State WI	Zip Code 54024-9449	Transaction ID: C374151
FEC ID number of contributing federal political committee.	C	34024-3443	Amount of Each Receipt this Period 91.25
Name of Employer St. Croix Regional Medical Center	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Edward L Langston, MD			Date of Receipt
Mailing Address 4708 Doe Path Ln			M M / D D / Y Y Y Y Y 1 0 1 0 2 0 0 7
City	State	Zip Code	Transaction ID: C349099
Lafayette	IN	47905-8528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer American Health Network of Indiana, LL	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
			547.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 210 (check only one) X
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physicial	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Frank Lawler, MD			Date of Receipt
	Mailing Address Univ Ok/Dept Fam Med 900 NE 10th St			07 16 2007
	City Oklahoma City	State OK	Zip Code 73104-5420	Transaction ID: C319885
	FEC ID number of contributing federal political committee.	C	73104-0420	Amount of Each Receipt this Period 365.00
	Name of Employer University of Oklahoma	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
— В.	Full Name (Last, First, Middle Initial) Darlene L Lawrence, MD			Date of Receipt
	Mailing Address Imani Health Care PC PO Box 29182			10 10 2007
	City Washington	State DC	Zip Code 20017-0182	Transaction ID: C348824
	FEC ID number of contributing federal political committee.	C	20017-0102	Amount of Each Receipt this Period
	Name of Employer Imani Health Care, PC	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
_ C.	Full Name (Last, First, Middle Initial) Darlene L Lawrence, MD			Date of Receipt
	Mailing Address Imani Health Care PC PO Box 29182			11 28 7 7 7 7
	City Washington	State DC	Zip Code 20017-0182	Transaction ID: C367338
	FEC ID number of contributing federal political committee.	C	20017-0102	Amount of Each Receipt this Period 122.00
	Name of Employer Imani Health Care, PC	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			609.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 210 (check only one) X	
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee		
	Full Name (Last, First, Middle Initial) Darlene L Lawrence, MD Mailing Address Imani Health Care PC	`		Date of Receipt	
	PO Box 29182	,		12 19 2007	
	City	State	Zip Code	Transaction ID: C374153	
	Washington	DC	20017-0182	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		121.00	
	Name of Employer Imani Health Care, PC	Occupation Physicia			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	365.00		
	Full Name (Last, First, Middle Initial) Robert A Lee, MD	1		Date of Receipt	
	Mailing Address 5501 NW 86th St Ste 300			07 13 2007	
	City	State	Zip Code	Transaction ID: C319709	
	Johnston	IA	50131-1810	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer Lee and Ruisch	Occupation Physicia			
	Receipt For:	Aggregate	e Year-to-Date V		
	Primary General Other (specify) ▼		365.00		
	Full Name (Last, First, Middle Initial) E John Lentini, DO			Date of Receipt	
	Mailing Address Braintree Fam Phys I 382 Grove St			10 10 / 2007	
	City	State	Zip Code	Transaction ID: C348836	
	<u>Braintree</u>	MA	02184-7398	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer Braintree Fam Physicians	Occupation Physicia	n		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		365.00		
		I		851.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ns Political Action Committee	
Full Name (Last, First, Middle Initial) Gary L LeRoy, MD Mailing Address 761 Kenilworth Ave		Date of Receipt
City	State Zip Code	0 8 2 9 2 0 0 7 Transaction ID: C343535
Dayton	OH 45405-4051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Miami Valley Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jonathan S Lindgren, MD		Date of Receipt
Mailing Address 1807 NE 52nd Ave	7.0.1	07 20 2007
City	State Zip Code	Transaction ID: C321567
<u>Portland</u>	OR 97213-2729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Providence Health Systems	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD		Date of Receipt
Mailing Address 615 S Mill St		08 08 2007
City	State Zip Code	Transaction ID: C323600
Fergus Falls	MN 56537-2738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fergus Falls Medical Grou- p. PA	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1550.00	
SUBTOTAL of Receipts This Page (optional)		865.00
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 210 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	nd Statements may not be sold or used by any perso the name and address of any political committee to icians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD Mailing Address 615 S Mill St		Date of Receipt
		09 21 2007
City Fergus Falls	State Zip Code MN 56537-2738	Transaction ID: C346050
FEC ID number of contributing federal political committee.	MN 56537-2738	Amount of Each Receipt this Period 250.00
Name of Employer Fergus Falls Medical Grou- p, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD		Date of Receipt
Mailing Address 615 S Mill St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C351177
Fergus Falls	MN 56537-2738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fergus Falls Medical Grou- p. PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD		Date of Receipt
Mailing Address 615 S Mill St		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: C367339
Fergus Falls	MN 56537-2738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Fergus Falls Medical Grou- p, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	
SUBTOTAL of Receipts This Page (optiona	J)	550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8//210 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Physi			
Full Name (Last, First, Middle Initial) Alma J Brown Littles, MD			Date of Receipt
Mailing Address Dept of Fam Med Ri Florida State University			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C352020
<u>Tallahassee</u>	FL	32306-4300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer FSU College of Medicine	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Beth Lawson Loney	1		Date of Receipt
Mailing Address 610 E 13th St			08 / 07 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City	State	Zip Code	Transaction ID: C323563
Eudora	KS	66025-9316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer University of Kansas	Occupation Medical S		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00]
Full Name (Last, First, Middle Initial) Beth Lawson Loney	I		Date of Receipt
Mailing Address 610 E 13th St			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: C348830
Eudora	KS	66025-9316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		265.00
Name of Employer University of Kansas	Occupation Medical S		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		365.00	
SUBTOTAL of Receipts This Page (optional			730.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persitress of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family Physic	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) Corazon B Loteyro Wason, MD			Date of Receipt
Mailing Address 4285 Windsong PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C321660
Plover	WI	54467-9018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		68.75
Name of Employer Great View Health Center	Occupation Physician		
Receipt For:	_ ' ' _ '	Year-to-Date ▼	
Primary General Other (specify) ▼	00 19.00	206.25	
Full Name (Last, First, Middle Initial) Kern S Low, MD			Date of Receipt
Mailing Address Comprehensive Fam 916 Indiana Ave Ste			07
City	State	Zip Code	Transaction ID: C321732
<u>Pueblo</u>	CO	81004-3572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Comprehensive Family Care Center	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Brian D Lum, MD			Date of Receipt
Mailing Address Ste 3700 2000 E Greenville St	t		07 24 2007
City	State	Zip Code	Transaction ID: C321661
Anderson	SC	29621-1580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.00
Name of Employer Anderson Area Medical Cen- ter	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	217.00	

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	cians Political	Action Committee	
۷.	Full Name (Last, First, Middle Initial) David Ashley Lynch, MD			Date of Receipt
	Mailing Address 120 N Shore Dr		7: 0 1	07 30 2000
	City <u>Bellingham</u>	State WA	Zip Code 98226-4425	Transaction ID: C322155 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Family Care Network	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
 3.	Full Name (Last, First, Middle Initial) Paul E Lyons, MD Mailing Address 1614 Flat Rock Rd			Date of Receipt
				07 24 2007
	City Narberth	State PA	Zip Code 19072-1230	Transaction ID: C321662 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13072 1200	73.00
	Name of Employer Temple University	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
 ;.	Full Name (Last, First, Middle Initial) Paul E Lyons, MD			Date of Receipt
	Mailing Address 1614 Flat Rock Rd			0 8 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C325389
	Narberth FEC ID number of contributing federal political committee.	C	19072-1230	Amount of Each Receipt this Period 73.00
	Name of Employer Temple University	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Γ	SUBTOTAL of Receipts This Page (optional)			511.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	nd Statements may not be sold or used by any perso the name and address of any political committee to sicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul E Lyons, MD Mailing Address 1614 Flat Rock Rd City Narberth FEC ID number of contributing federal political committee. Name of Employer Temple University Receipt For: Primary General	State Zip Code PA 19072-1230 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C346054 Amount of Each Receipt this Period 73.00
Other (specify) Full Name (Last, First, Middle Initial) Leah Raye Mabry, MD Mailing Address 339 S Presa St City San Antonio	365.00 State Zip Code TX 78205-3425	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Christus Health Care Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 840.00	120.00
Full Name (Last, First, Middle Initial) Leah Raye Mabry, MD Mailing Address 339 S Presa St City San Antonio FEC ID number of contributing federal political committee.	State Zip Code TX 78205-3425	Date of Receipt M M C D D C 2 1 2 0 0 7 Transaction ID: C325391 Amount of Each Receipt this Period 120.00
Name of Employer Christus Health Care Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 840.00	
SUBTOTAL of Receipts This Page (optional	l) >	313.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	d Statements may not be sold or used by any perso the name and address of any political committee to icians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Leah Raye Mabry, MD Mailing Address 339 S Presa St City San Antonio FEC ID number of contributing federal political committee. Name of Employer Christus Health Care Receipt For: Primary General	State Zip Code TX 78205-3425 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C346055 Amount of Each Receipt this Period
Other (specify) ▼ Full Name (Last, First, Middle Initial) Leah Raye Mabry, MD Mailing Address 339 S Presa St	840.00	Date of Receipt 10 26 2007
City San Antonio FEC ID number of contributing federal political committee. Name of Employer Christus Health Care	State Zip Code TX 78205-3425 C Occupation Physician	Transaction ID: C351178 Amount of Each Receipt this Period 120.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	
Full Name (Last, First, Middle Initial) Leah Raye Mabry, MD Mailing Address 339 S Presa St City San Antonio FEC ID number of contributing	State Zip Code TX 78205-3425	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Christus Health Care	Occupation Physician	120.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	360.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 210 (check only one) X
or f	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	American Academy of Family Physic	ians Political	Action Committee	
	Full Name (Last, First, Middle Initial) Leah Raye Mabry, MD			Date of Receipt
-	Mailing Address 339 S Presa St	Ctata	7:a Cada	12 19 2007
	City San Antonio	State TX	Zip Code 78205-3425	Transaction ID: C374159 Amount of Each Receipt this Period
-	FEC ID number of contributing rederal political committee.	C	70203 3423	120.00
Ī	Name of Employer Christus Health Care	Occupatio Physicia		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 840.00	
•	Full Name (Last, First, Middle Initial) Michael L Madden, MD Mailing Address 4907 Windermere Bly			Date of Receipt
	Taming Add 4707 Williad Middle Div	, u		07 30 2007
	City	State	Zip Code	Transaction ID: C322124
•	Alexandria	LA	71303-2459	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		100.00
	Name of Employer L.S. U. HSC	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 465.00	
	Full Name (Last, First, Middle Initial) Richard F Madden, MD			Date of Receipt
	Mailing Address 609 Christopher Dr			08 / 01 / 2007
	City	State	Zip Code	Transaction ID: C343555
Ī	Belen FEC ID number of contributing rederal political committee.	C	87002-2601	Amount of Each Receipt this Period 540.00
į	Name of Employer Presbyterian Healthcare Services	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1040.00	
SL	BTOTAL of Receipts This Page (optional) .			760.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Academy of Family Physic	eans Political Action Committee	
Full Name (Last, First, Middle Initial) Ayaz T Madraswalla, MD Mailing Address 34 Professional Park	Dd	Date of Receipt
Walling Address 54 FT0Tessional Fark	nu	10 10 2007
City	State Zip Code	Transaction ID: C349090
Storrs	CT 06268-1667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	122.00
Name of Employer Mansfield Family Practice	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	396.00	
Full Name (Last, First, Middle Initial) Ayaz T Madraswalla, MD		Date of Receipt
Mailing Address 34 Professional Park	Rd	M M / D D / Y Y Y Y Y Y 1 1 1 1 2 8 2 0 0 7
City	State Zip Code	Transaction ID: C367342
Storrs	CT 06268-1667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	122.00
Name of Employer Mansfield Family Practice	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	
Full Name (Last, First, Middle Initial) Ayaz T Madraswalla, MD		Date of Receipt
Mailing Address 34 Professional Park	Rd	12 19 2007
City	State Zip Code	Transaction ID: C374162
Storrs	CT 06268-1667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	121.00
Name of Employer Mansfield Family Practice	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	
SUBTOTAL of Receipts This Page (optional)		365.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 210 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) James Joseph Magee, MD			Date of Receipt
Mailing Address 11811 Old Spanish	Trl		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Orland Park	State IL	Zip Code 60467-6838	Transaction ID: C349188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Primary Health Associates PC	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Robert C Marshall, MD			Date of Receipt
Mailing Address 2001 28th Street Ct	t NW		07 05 YYYYY 2007
City Gig Harbor	State WA	Zip Code 98335-7987	Transaction ID: C316434
FEC ID number of contributing federal political committee.	C	96555-7967	Amount of Each Receipt this Period 150.00
Name of Employer US Navy	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Robert C Marshall, MD			Date of Receipt
Mailing Address 2001 28th Street Ct	t NW		07 24 2007
City Gig Harbor	State WA	Zip Code 98335-7987	Transaction ID: C321665 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300037307	150.00
Name of Employer US Navy	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	al)		665.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) Melissa L Martinez, MD			Date of Receipt
Mailing Address 32 Chavez Rd			10 10 2007
City	State NM	Zip Code	Transaction ID: C348827
Belen FEC ID number of contributing federal political committee.	C	87002-7567	Amount of Each Receipt this Period 365.00
Name of Employer Presbyterian Medical Group	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) David Vincent Maruska, MD			Date of Receipt
Mailing Address Fond Du Lac Reg Cl 420 E Division St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fond Du Lac	State WI	Zip Code 54935-4560	Transaction ID: C324263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	U-1000	100.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	_ ' ' ' _ '	e Year-to-Date ▼ 299.00	
Full Name (Last, First, Middle Initial) William F Mayo, MD			Date of Receipt
Mailing Address 6020 Lyons Rd			1 2 1 8 2 0 0 7
City Dublin	State VA	Zip Code	Transaction ID: C374090
FEC ID number of contributing federal political committee.	C	24084	Amount of Each Receipt this Period 500.00
Name of Employer Dublin Family Practice	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		965.00

ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 210 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Catherine McCarthy, MD			Date of Receipt
Mailing Address UNRSOM 316			10 24 2007
City Reno	State NV	Zip Code 89557	Transaction ID: C351006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	09337	265.00
Name of Employer UNSOM	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Debra O McCaul, MD			Date of Receipt
Mailing Address 1100 W 10th St Ste			09 / 17 / 2007
City Rolla	State MO	Zip Code 65401-2999	Transaction ID: C345467
FEC ID number of contributing federal political committee.	C	03401-2399	Amount of Each Receipt this Period 250.00
Name of Employer St. John's Sisters of Mer- cy	Occupatio Physicia		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Terry L McGeeney, MD			Date of Receipt
Mailing Address 4000 W 114th St Ste 190			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Leawood	State KS	Zip Code 66211-2674	Transaction ID: C345441 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer TransforMED/AAFP	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ıl\		1015.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible name and address of any political committee t	
American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) David A McInnes, MD		Date of Receipt
Mailing Address St Vincent Family M 2627 Riverside Ave	edicine Ctr	09 05 7 2007
City	State Zip Code	Transaction ID: C343811
Jacksonville	FL 32204-4712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer ST. VINCENT'S MEDICAL CEN- TER	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) John s Meigs, MD	1	Date of Receipt
Mailing Address PO Box 289		M M / D D / Y Y Y Y Y Y Y Y Y Z 4 Z 0 0 7
City	State Zip Code	Transaction ID: C321666
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) John s Meigs, MD		Date of Receipt
Mailing Address PO Box 289		0 8 2 1 2 0 0 7
City	State Zip Code	Transaction ID: C325392
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
	<u> </u>	375.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sche for each category Detailed Summary	of the (check drily drie)
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used be name and address of any political control of the sold of the sol	by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	American Academy of Family Physic	ians Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) John's Meigs, MD		Date of Receipt
	Mailing Address PO Box 289	State Zip Code	09 21 2007
	City Brent	AL 35034-0289	Transaction ID: C346061 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 33034 0203	62.50
	Name of Employer Self Employed	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
 3.	Full Name (Last, First, Middle Initial) John's Meigs, MD		Date of Receipt
	Mailing Address PO Box 289		10 26 2007
	City	State Zip Code	Transaction ID: C351179
	Brent FEC ID number of contributing federal political committee.	AL 35034-0289	Amount of Each Receipt this Period 62.50
	Name of Employer Self Employed	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
_ ;.	Full Name (Last, First, Middle Initial) John's Meigs, MD		Date of Receipt
	Mailing Address PO Box 289		1 1 2 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C367421
	Brent FEC ID number of contributing federal political committee.	AL 35034-0289	Amount of Each Receipt this Period 62.50
	Name of Employer Self Employed	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
	SUBTOTAL of Receipts This Page (optional)	1	187.50

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 210 (check only one) X
ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)			
American Academy of Family Physic	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) John's Meigs, MD			Date of Receipt
Mailing Address PO Box 289			12 19 2007
City Brent	State AL	Zip Code 35034-0289	Transaction ID: C374163
FEC ID number of contributing federal political committee.	C	33034-0209	Amount of Each Receipt this Period 62.50
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gary R Mennie, MD Mailing Address 2770 Aero Dr Ste 1			Date of Receipt
	01-1-	7'- 0-1-	08 02 2007
City Port Arthur	State TX	Zip Code 77640-1519	Transaction ID: C322922 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self-Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gary R Mennie, MD			Date of Receipt
Mailing Address 2770 Aero Dr Ste 1			0 9 2 1 2 0 0 7
City	State	Zip Code	Transaction ID: C346338
Port Arthur FEC ID number of contributing federal political committee.	C	77640-1519	Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupatio Physicia		1
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		162.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Gary R Mennie, MD		Date of Receipt
Mailing Address 2770 Aero Dr Ste 1	7.0.1	10 26 2007
City <u>Port Arthur</u>	State Zip Code TX 77640-1519	Transaction ID: C351180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gary R Mennie, MD Mailing Address 2770 Aero Dr Ste 1		Date of Receipt
		11 29 2007
City	State Zip Code	Transaction ID: C367431
Port Arthur FEC ID number of contributing federal political committee.	TX 77640-1519	Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation	
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial)		1
Gary R Mennie, MD		Date of Receipt
Mailing Address 2770 Aero Dr Ste 1		12 19 2007
City	State Zip Code	Transaction ID: C374164
Port Arthur FEC ID number of contributing federal political committee.	TX 77640-1519	Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 210 (check only one) X
or for commercial purposes, oth NAME OF COMMITTEE (Ir	ner than using the name and ad n Full)	Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of F	Family Physicians Political	Action Committee	
Full Name (Last, First, Midd M Diana Metzger, MD	le Initial)		Date of Receipt
Mailing Address 604 Bal	dwin Ln		11 30 7 2007
City	State DE	Zip Code	Transaction ID: C367610
Wilmington FEC ID number of contribut federal political committee.		19803-3502	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physicia		
Receipt For: Primary Gen Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Kevin P Mikus, MD Mailing Address Conove	le Initial) r Family Practice		Date of Receipt
PO Box		07 24 2007	
City	State	Zip Code	Transaction ID: C321667
Conover FEC ID number of contribut federal political committee.	ing NC	28613-1239	Amount of Each Receipt this Period
Name of Employer Crown Health Care	Occupation Physicia		
Receipt For: Primary Gen Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Kevin P Mikus, MD	le Initial)		Date of Receipt
Mailing Address Conove PO Box	r Family Practice 1239		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Congress	State NC	Zip Code	Transaction ID: C325467
Conover FEC ID number of contribut federal political committee.		28613-1239	Amount of Each Receipt this Period 100.00
Name of Employer Crown Health Care	Occupation Physicia		
Receipt For: Primary Gen Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This	Page (optional)		700.00
SUBTOTAL of Receipts This TOTAL This Period (last page		<u> </u>	700.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 210 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Kevin P Mikus, MD			Date of Receipt
	Mailing Address Conover Family Prac PO Box 1239	tice		09 / 21 / 2007
	City Conover	State NC	Zip Code	Transaction ID: C346064
	FEC ID number of contributing federal political committee.	C	28613-1239	Amount of Each Receipt this Period 100.00
	Name of Employer Crown Health Care	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Arthur Hal Miller, MD Mailing Address 505 Raritan Ave			Date of Receipt
	City	State	Zip Code	07 09 2007
	Highland Park	NJ	08904-2901	Transaction ID: C316519 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Highland Park Family Prac- tice	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Gregory J Miller, MD			Date of Receipt
	Mailing Address 1687 E Division St			08 07 2007
	City	State	Zip Code	Transaction ID: C322935
	River Falls FEC ID number of contributing federal political committee.	C	54022-1571	Amount of Each Receipt this Period 250.00
	Name of Employer River Falls Medical Clinic	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	_,	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		715.00

SCHEDULE A (FEITEMIZED RECEIP		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, of NAME OF COMMITTEE	other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mid Jon A Miller, MD Mailing Address 1046	ddle Initial) 7th St W		Date of Receipt
City Whitefish	State MT	Zip Code 59937-3227	Transaction ID: C348825 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	<u> </u>		365.00
Name of Employer Glacier Medical Association Receipt For: Primary Other (specify) ▼	Priysic		
Full Name (Last, First, Mid Mitchell B Miller, MD Mailing Address 1305	ddle Initial) Holly Point Road		Date of Receipt 0 9 1 7 2 0 0 7
City	State	Zip Code	Transaction ID: C345436
Virginia Beach FEC ID number of contrib federal political committee		23454	Amount of Each Receipt this Period 365.00
Name of Employer Coastal Family Practice, P.C.	Occupa Physic	ian	
Receipt For: Primary G Other (specify) ▼	Aggreg.	ate Year-to-Date ▼ 365.00	
Full Name (Last, First, Mid Susan Ann Miller, MD	, 		Date of Receipt
	West Ave		08 / 20 / 2007
City Richmond	State VA	Zip Code 23220-3717	Transaction ID: C325324 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	uting		365.00
Name of Employer Self Employed	Occupa Physic	ian	
Receipt For: Primary G Other (specify) ▼	Aggrega	ate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts Th	s Page (optional)		1095.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 210 (check only one) X 11a		
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political Action Committee			
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD		Date of Receipt		
Mailing Address Family Medicine Sp 104 W 5th Ave Ste		09 / 24 / Y Y Y Y Y		
City Spokane	State Zip Code WA 99204-4803	Transaction ID: C346438		
FEC ID number of contributing federal political committee.	C 39204-4003	Amount of Each Receipt this Period 400.00		
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00			
Full Name (Last, First, Middle Initial) Stephen Irwin Moore, III	Stephen Irwin Moore, III			
Mailing Address Fam Med Assoc of 3500 Bush St #103	Mailing Address Fam Med Assoc of Raleigh 3500 Bush St #103			
City Raleigh	State Zip Code NC 27609-7509	Transaction ID: C321674		
FEC ID number of contributing federal political committee.	C 27009-7309	Amount of Each Receipt this Period 500.00		
Name of Employer Family Medical Associates of Raleigh	Occupation Physician			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dale C Moquist, MD		Date of Receipt		
Mailing Address Memorial Family Me 7737 Southwest Fw		0 7 2 4 2 0 0 7		
City	State Zip Code TX 77074-1804	Transaction ID: C321668		
Houston FEC ID number of contributing federal political committee.	TX 77074-1804	Amount of Each Receipt this Period 100.00		
Name of Employer MHHS	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional	l)	1000.00		
TOTAL This Period (last page this line numl	per only)			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 210 (check only one) X 11a
,	ny information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)	ians Political	Action Committee	
۱.	Dale C Moquist, MD Mailing Address Memorial Family Med 7737 Southwest Fwy	Resident		Date of Receipt M M
	City	State State	Zip Code	Transaction ID: C325394
	Houston	TX	77074-1804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer MHHS	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 1000.00	
- i.	Full Name (Last, First, Middle Initial) Dale C Moquist, MD	_		Date of Receipt
	Mailing Address Memorial Family Med Resident 7737 Southwest Fwy Ste 400			09 / 21 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C346070
	Houston FEC ID number of contributing	C	77074-1804	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer MHHS	Occupatio Physicia		7
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		1000.00]
_	Full Name (Last, First, Middle Initial) Dale C Moquist, MD			Date of Receipt
	Mailing Address Memorial Family Med 7737 Southwest Fwy			10 26 2007
	City	State	Zip Code	Transaction ID: C351181
	Houston	TX	77074-1804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer MHHS	Occupatio Physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dale C Moquist, MD Mailing Address Memorial Family Med 7737 Southwest Fwy S City	Ste 400 State	Zip Code	Date of Receipt 1 1 2 9 2 0 0 7 Transaction ID: C367462
	Houston FEC ID number of contributing federal political committee.	C	77074-1804	Amount of Each Receipt this Period 100.00
	Name of Employer MHHS Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
- В.	Full Name (Last, First, Middle Initial) Sherri L Morgan, MD Mailing Address			Date of Receipt 0 7 2 4 2 0 0 7 Transaction ID: C321669
	Columbus FEC ID number of contributing federal political committee.	ОН	43215-1056	Amount of Each Receipt this Period 31.00
	Name of Employer Wright State University Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
- C.	Full Name (Last, First, Middle Initial) Sherri L Morgan, MD Mailing Address Mt Carmel Fam Prac (2150 Marble Cliff Office) City		Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Columbus FEC ID number of contributing federal political committee.	OH C	43215-1056	Transaction ID: C325395 Amount of Each Receipt this Period 31.00
	Name of Employer Wright State University Receipt For:	Occupation	n	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 279.00	
	SUBTOTAL of Receipts This Page (optional)			162.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 210 (check only one) X
Any information copied from such or for commercial purposes, other to NAME OF COMMITTEE (In Fundamental American Academy of Fam	han using the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Fam Prac Ctr		Date of Receipt
2150 Marb City	e Cliff Office Park State	Zip Code	09 21 2007
Columbus	OH	43215-1056	Transaction ID: C346073 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.00
Name of Employer Wright State University	Occupation Physician		
Receipt For: Primary Genera Other (specify) ▼	Aggregate	Year-to-Date ▼ 279.00	
Full Name (Last, First, Middle In Julio E Navarro, MD Mailing Address 1533 Robe	, 		Date of Receipt
Other	01-1-	7'- 0-4-	10 09 2007
City Bear	State DE	Zip Code 19701-4748	Transaction ID: C348440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13701-4740	365.00
Name of Employer Horizons Family Practice PA	Occupation Physician		
Receipt For: Primary Genera Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle In Mary S Nguyen Poole, MD	,		Date of Receipt
Mailing Address 409 Madrid	l St		1 1 0 7 2 0 0 7
City	State	Zip Code	Transaction ID: C352811
Castroville	TX	78009-4527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self-Employed	Occupation Physician	า	
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page	1		761.00

or for commercial purposes, NAME OF COMMITTEE	other than using the name a (In Full) f Family Physicians Pol	nd address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Mirk W Nicholson, MD		itical Action Committee	
R W Nicholson, MD	ddle Initial)		
Mailing Address 001 C			Date of Receipt
- Walling Address - 601 C	Cobblestone Dr		10 09 7 2007
City	Sta	•	Transaction ID: C348439
Evansville	. IN	47715-4288	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer City of Evanstonville		upation sician	
Receipt For:		regate Year-to-Date ▼	
Primary G Other (specify) ▼	eneral	700.00	
Full Name (Last, First, Minthonas E Norris, MD	ddle Initial)		Date of Receipt
Mailing Address 4618	NE 89th St		10 09 2007
City	Sta	•	Transaction ID: C349094
<u>Seattle</u>	W	A 98115-3968	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			365.00
Name of Employer University of Washington		upation sician	
Receipt For:		regate Year-to-Date ▼	
Primary G Other (specify) ▼	eneral	365.00	
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address 1020	S 40th Ave Ste C		0 8 1 3 2 0 0 7
City		ate Zip Code	Transaction ID: C324264
<u>Yakima</u>	W	A 98908-3800	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee			365.00
Name of Employer Poatiz Crest Family Medic ine	Priy	upation sician	
Receipt For:		regate Year-to-Date ▼	
Primary G Other (specify) ▼	eneral	365.00	
SUBTOTAL of Receipts Th	is Page (optional)		1230.00

ITEMIZED RECEIPTS	λ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 210 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Michael A Oller			Date of Receipt
Mailing Address 1919 Olathe Blvd Apt 207			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C348437
Kansas City	KS	66103-3335	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer N/A	Occupatio Student	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Cheyn D Onarecker, MD	 		Date of Receipt
Mailing Address 608 NW 9th St Ste Ste 1000			10 09 7 2007
City	State OK	Zip Code	Transaction ID: C348436
Oklahoma City FEC ID number of contributing federal political committee.	C	73102-1014	Amount of Each Receipt this Period 365.00
Name of Employer St. Anthony Hospital	Occupatio Physicia		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Yvette Oquendo, MD			Date of Receipt
Mailing Address 7442 Weather World	n Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C321670
<u>Columbia</u>	MD	21046-1480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.63
Name of Employer Potomac Physicians, PA	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		365.05	
SUBTOTAL of Receipts This Page (optiona	1		775.63

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 210 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMUTTEE (In Full)	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Yvette Oquendo, MD	14/		Date of Receipt
	Mailing Address 7442 Weather Worn			08 / 21 / 2007
	City Columbia	State MD	Zip Code 21046-1480	Transaction ID: C325396 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21040 1400	45.63
	Name of Employer Potomac Physicians, PA	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.05	
 3.	Full Name (Last, First, Middle Initial) Yvette Oquendo, MD	10/		Date of Receipt
	Mailing Address 7442 Weather Worn	vvay		09 / 21 / 2007
	City Columbia	State MD	Zip Code	Transaction ID: C346074
	FEC ID number of contributing federal political committee.	C	21046-1480	Amount of Each Receipt this Period 45.63
	Name of Employer Potomac Physicians, PA	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.05	
_	Full Name (Last, First, Middle Initial) Yvette Oquendo, MD			Date of Receipt
	Mailing Address 7442 Weather Worn	Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Columbia	State MD	Zip Code	Transaction ID: C351182
	FEC ID number of contributing federal political committee.	C	21046-1480	Amount of Each Receipt this Period 45.62
	Name of Employer Potomac Physicians, PA	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.05	
[SUBTOTAL of Receipts This Page (optional)	<u> </u>		136.88

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 210 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any persor g the name and address of any political committee to sold sicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Yvette Oquendo, MD Mailing Address 7442 Weather Wor	rn Way	Date of Receipt
City Columbia	State Zip Code MD 21046-1480	Transaction ID: C367485 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	45.61
Name of Employer Potomac Physicians, PA Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 365.05	
Full Name (Last, First, Middle Initial) Yvette Oquendo, MD Mailing Address 7442 Weather Wor	rn Way	Date of Receipt
City	State Zip Code	Transaction ID: C374165
Columbia FEC ID number of contributing federal political committee.	MD 21046-1480	Amount of Each Receipt this Period 45.67
Name of Employer Potomac Physicians, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.05	
Full Name (Last, First, Middle Initial) Javette C Orgain, MD		Date of Receipt
Mailing Address PO Box 806527		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Chicago	State Zip Code IL 60680-4126	Transaction ID: C321671 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer University of Illinois Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (options	al)	141.28

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 210 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Javette C Orgain, MD			Date of Receipt
Mailing Address PO Box 806527			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City Chicago	State IL	Zip Code	Transaction ID: C325397
FEC ID number of contributing federal political committee.	C	60680-4126	Amount of Each Receipt this Period 50.00
Name of Employer University of Illinois	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Javette C Orgain, MD	I		Date of Receipt
Mailing Address PO Box 806527			0 9 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60680-4126	Transaction ID: C346079 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00000 4120	50.00
Name of Employer University of Illinois	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Javette C Orgain, MD			Date of Receipt
Mailing Address PO Box 806527			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State	Zip Code	Transaction ID: C351183
FEC ID number of contributing federal political committee.	C	60680-4126	Amount of Each Receipt this Period 50.00
Name of Employer University of Illinois	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Javette C Orgain, MD Mailing Address PO Box 806527 City Chicago FEC ID number of contributing federal political committee. Name of Employer University of Illinois Receipt For: Primary Other (specify)	State Zip Code IL 60680-4126 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M M 29 2007 Transaction ID: C367540 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Javette C Orgain, MD Mailing Address PO Box 806527 City Chicago FEC ID number of contributing federal political committee. Name of Employer University of Illinois Receipt For: Primary General Other (specify)	State Zip Code IL 60680-4126 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt 1 2 1 9 2 0 0 7 Transaction ID: C374166 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Neil Robert Oslos, MD Mailing Address P O Box 2830 F P R I 303 N Clyde Morris B City Daytona Beach FEC ID number of contributing federal political committee. Name of Employer Halifax Medical Center Receipt For: Primary General Other (specify)		Date of Receipt M M
SUBTOTAL of Receipts This Page (optional) .		465.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 210 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any person the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel J Ostergaard, MD Mailing Address 14547 S Hagan St City Olathe FEC ID number of contributing	State Zip Code KS 66062-9001	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 1 2 2 0 0 7 Transaction ID: C344030 Amount of Each Receipt this Period 200.00
Rame of Employer American Academy of Family Physicians Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 565.00	200.00
Full Name (Last, First, Middle Initial) Maureen O Padden, MD Mailing Address 9111 Kirkdale Rd		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Bethesda</u> FEC ID number of contributing federal political committee.	State Zip Code MD 20817-3301	Transaction ID: C321803 Amount of Each Receipt this Period 40.00
Name of Employer US Navy Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 360.00	
Full Name (Last, First, Middle Initial) Maureen O Padden, MD Mailing Address 9111 Kirkdale Rd		Date of Receipt 0 8 2 1 2 0 0 7
City Bethesda FEC ID number of contributing federal political committee.	State Zip Code MD 20817-3301	Transaction ID: C325398 Amount of Each Receipt this Period 40.00
Name of Employer US Navy Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (option:	al)	280.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ν)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 210 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Maureen O Padden, MD			Date of Receipt
Mailing Address 9111 Kirkdale Rd			09 21 2007
City	State	Zip Code	Transaction ID: C346083
<u>Bethesda</u>	MD	20817-3301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer US Navy	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Maureen O Padden, MD			Date of Receipt
Mailing Address 9111 Kirkdale Rd			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: C351184
<u>Bethesda</u>	MD	20817-3301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer US Navy	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		360.00	
Full Name (Last, First, Middle Initial) Maureen O Padden, MD			Date of Receipt
Mailing Address 9111 Kirkdale Rd			1 1 2 9 2 0 0 7
City	State	Zip Code	Transaction ID: C367542
Bethesda	MD	20817-3301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer US Navy	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	360.00	
SUBTOTAL of Receipts This Page (optiona	l)		120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 210 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician		son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maureen O Padden, MD Mailing Address 9111 Kirkdale Rd City Bethesda FEC ID number of contributing federal political committee. Name of Employer US Navy Receipt For: Primary Other (specify)	State Zip Code MD 20817-3301 C Occupation Physician Aggregate Year-to-Date 360.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joseph Michael Parra, MD Mailing Address 1631 S Michelle St City Wichita FEC ID number of contributing federal political committee. Name of Employer Wesley Family medicine Receipt For: Primary General Other (specify)	State Zip Code KS 67207-6546 C Occupation Physician Aggregate Year-to-Date 385.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul M Pelletier, MD Mailing Address 81 Hillside Rd City Wallagrass FEC ID number of contributing federal political committee. Name of Employer Fish River Rural Health Receipt For: Primary General Other (specify)	State Zip Code ME 04781-3200 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: C348432 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)		425.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117/210 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) William E Raduege, MD			Date of Receipt
Mailing Address PO Box 1387			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Woodruff	State WI	Zip Code 54568-1387	Transaction ID: C349124 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		265.00
Name of Employer William E Raduege, MD, SC (Corporation Receipt For:	Occupation Physician Aggregate		
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Sterling N Ransone, Jr	I		Date of Receipt
Mailing Address 16681 General Pull PO Box 916	ler Hwy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Deltaville	State VA	Zip Code	Transaction ID: C325445
FEC ID number of contributing federal political committee.	C	23043-0916	Amount of Each Receipt this Period 365.00
Name of Employer Riverside Physician Assoc-	Occupation Physician		
iates Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Richard Alan Reinking, MD			Date of Receipt
Mailing Address 3910 E 51st St			12 29 2007
City	State	Zip Code	Transaction ID: C375045
Tulsa FEC ID number of contributing federal political committee.	OK OK	74135-3606	Amount of Each Receipt this Period 250.00
Name of Employer Springer Clinic, Inc	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		880.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 210 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Paul J Reiss, MD			Date of Receipt
	Mailing Address Evergreen Family Hea 28 Park Ave	alth		10 / 09 / Y Y Y Y Y Y Y Y
	City Williston	State VT	Zip Code 05495-9701	Transaction ID: C348430
	FEC ID number of contributing federal political committee.	C	03493-9701	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 365.00	
 B.	Full Name (Last, First, Middle Initial) Robert E Reneker, Jr Mailing Address 2652 Gullmont Dr SW	1		Date of Receipt
	City	State	Zip Code	1 2 2 1 2 0 0 7 Transaction ID: C387217
	Grandville	MI	49418-9302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Wayne J Reynolds, DO			Date of Receipt
	Mailing Address 1732 Tyndall Point Ln	l		08 22 YYYY 2007
	City	State	Zip Code	Transaction ID: C325429
	Gloucester Point FEC ID number of contributing federal political committee.	C	23062-2334	Amount of Each Receipt this Period 500.00
	Name of Employer Sentana Medical Group	Occupation Physicia		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
Ę	SUBTOTAL of Receipts This Page (optional) .		\	1115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 210 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any persog the name and address of any political committee to sicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly G Rich, MD Mailing Address 133 Wild Water Ro PO Box 669 City Epworth FEC ID number of contributing federal political committee.	State Zip Code GA 30541-0669	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Hidden Valley Medical Center Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 365.00	
Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD Mailing Address Fox Valley Fam Me 229 S Morrison St City Appleton	ed Residency State Zip Code WI 54911-5725	Date of Receipt 0 7 2 4 2 0 0 7 Transaction ID: C321804 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Kettering Medical Center Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 1000.00	100.00
Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD Mailing Address Fox Valley Fam Me 229 S Morrison St City Appleton FEC ID number of contributing federal political committee.	ed Residency State Zip Code WI 54911-5725	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 2 1 2 0 0 7 Transaction ID: C325400 Amount of Each Receipt this Period 100.00
Name of Employer Kettering Medical Center Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (options	al)	565.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used ing the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Pl	nysicians Political Action Committee)
Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD		Date of Receipt
Mailing Address Fox Valley Fam 229 S Morrison S		09 21 Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C346334
Appleton FEC ID number of contributing federal political committee.	WI 54911-5725	Amount of Each Receipt this Period 100.00
Name of Employer Kettering Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD		Date of Receipt
Mailing Address Fox Valley Fam 229 S Morrison S	St	10 26 2007
City Appleton	State Zip Code WI 54911-5725	Transaction ID: C351186
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Kettering Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD		Date of Receipt
Mailing Address Fox Valley Fam 229 S Morrison S		11
City	State Zip Code WI 54911-5725	Transaction ID: C367546
Appleton FEC ID number of contributing federal political committee.	WI 54911-5725	Amount of Each Receipt this Period 32.00
Name of Employer Kettering Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
SUBTOTAL of Receipts This Page (opti	nnal)	232.00

or for commercial purposes, or NAME OF COMMITTEE (American Academy of Full Name (Last, First, Mid Ralph Nichols Riley, MD Mailing Address PO Bo City Saluda FEC ID number of contribut federal political committee. Name of Employer Riley Family Practice Associates, PA Receipt For: Primary Gello Other (specify) ▼ Full Name (Last, First, Mid Susan J Robertson, MD Mailing Address 1420 V City Broomfield FEC ID number of contribut federal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary Gello Other (specify) ▼ Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	other than using the name and In Full) Family Physicians Politic Idle Initial) In Example Physicians Politic Idle Initial Idle Idle Initial Idle Idle Initial	address of any political committee cal Action Committee Zip Code 29138-0248 ation cian gate Year-to-Date Zip Code 80020-2090	Date of Receipt Date of Receipt Date of Receipt M M O D D O D O D O D O D O D O D O D O
A. Full Name (Last, First, Mid Ralph Nichols Riley, MD Mailing Address PO Bo City Saluda FEC ID number of contributederal political committee. Name of Employer Riley Family Practice Associates, PA Receipt For: Primary George Other (specify) Full Name (Last, First, Mid Susan J Robertson, MD Mailing Address 1420 V City Broomfield FEC ID number of contributederal political committee. Name of Employer Broomfield FEC ID number of contributederal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary George Other (specify)	State SC Uting Occupa Physic Aggreg Idle Initial) V Midway Blvd V Midway Blvd V Midway Blvd C Uting C Occupa C Occupa C Occupa C Occupa C Occupa C Occupa	Zip Code 29138-0248 ation cian gate Year-to-Date Zip Code 80020-2090	Transaction ID: C343793 Amount of Each Receipt this Period Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Ralph Nichols Riley, MD Mailing Address PO Bo City Saluda FEC ID number of contributederal political committee. Name of Employer Riley Family Practice Associates, PA Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid Susan J Robertson, MD Mailing Address 1420 V City Broomfield FEC ID number of contributederal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid Ame Of Employer Broomfield Family Practices) Receipt For: Primary Ge Other (specify) ▼	State SC Uting C Occupa Physic Aggreg Idle Initial) W Midway Blvd W Midway Blvd V Midway Blvd C Uting C Occupa	29138-0248 ation cian gate Year-to-Date ▼ 500.00 Zip Code 80020-2090	Transaction ID: C343793 Amount of Each Receipt this Period Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saluda FEC ID number of contributederal political committee. Name of Employer Riley Family Practice Associates, PA Receipt For: Primary Gee Other (specify) ▼ Full Name (Last, First, Midsusan J Robertson, MD Mailing Address 1420 V City Broomfield FEC ID number of contributederal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary Gee Other (specify) ▼ Full Name (Last, First, Midsus Primary Gee) Other (specify) ▼	State SC Uting C Occupa Physic Aggreg Idle Initial) W Midway Blvd W Midway Blvd State CO Uting C Occupa	29138-0248 ation cian gate Year-to-Date ▼ 500.00 Zip Code 80020-2090	Date of Receipt M M / D D O O O O O O O O O O O O O O O O O
Saluda FEC ID number of contributederal political committee. Name of Employer Riley Family Practice Associates, PA Receipt For: Primary George Other (specify) ▼ Full Name (Last, First, Midsus Address 1420 Value of City Broomfield FEC ID number of contributederal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary George Other (specify) ▼ Full Name (Last, First, Midsus Other (specify) ▼ Full Name (Last, First, Midsus Other (specify) ▼	SC Uting C Occupa Physic Aggreg Idle Initial) W Midway Blvd W Midway Blvd V Midway Blvd C C C Occupa	29138-0248 ation cian gate Year-to-Date ▼ 500.00 Zip Code 80020-2090	Date of Receipt M M C 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributederal political committee. Name of Employer Riley Family Practice Associates, PA Receipt For: Primary Geometric Other (specify) Tell Name (Last, First, Mid Susan J Robertson, MD Mailing Address 1420 V City Broomfield FEC ID number of contributederal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary Geometric Other (specify) Tell Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	Occupa Physic Aggreg Physic Ph	ation cian gate Year-to-Date ▼ 500.00 Zip Code 80020-2090	Date of Receipt M M / D D / Y Y Y Y Y 0 7 2 6 2 0 0 7 Transaction ID: C321913 Amount of Each Receipt this Period
Ociates, PA Receipt For: Primary Other (specify) Full Name (Last, First, Mid Susan J Robertson, MD Mailing Address 1420 V City Broomfield FEC ID number of contribut federal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary Other (specify) Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	Aggreg Idle Initial) W Midway Blvd W Midway Blvd State CO Uting Occupa	cian gate Year-to-Date ▼ 500.00 Zip Code 80020-2090	Transaction ID: C321913 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Mid Susan J Robertson, MD Mailing Address 1420 V City Broomfield FEC ID number of contributederal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	Idle Initial) W Midway Blvd W Midway Blvd State CO Uting Occupa	Zip Code 80020-2090	Transaction ID: C321913 Amount of Each Receipt this Period
Full Name (Last, First, Mid Susan J Robertson, MD Mailing Address 1420 V 1420 V City Broomfield FEC ID number of contributed federal political committee. Name of Employer Broomfield Family Practice Primary Gerother (specify) Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	Idle Initial) N Midway Blvd N Midway Blvd State CO Uting Occupa	Zip Code 80020-2090	Transaction ID: C321913 Amount of Each Receipt this Period
Susan J Robertson, MD Mailing Address 1420 V City Broomfield FEC ID number of contributederal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary Ger Other (specify) ▼ Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	V Midway Blvd V Midway Blvd State CO Uting Occupa	80020-2090	Transaction ID: C321913 Amount of Each Receipt this Period
City Broomfield FEC ID number of contributederal political committee. Name of Employer Broomfield Family Practice Receipt For: Primary Ger Other (specify) ▼ Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	V Midway Blvd State CO uting C Occupa	80020-2090	Transaction ID: C321913 Amount of Each Receipt this Period
Broomfield FEC ID number of contributed rederal political committee. Name of Employer Broomfield Family Practiced rederal political committee. Receipt For: Primary Geometric of the Control of the C	uting C	80020-2090	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee. Name of Employer Broomfield Family Practiced Family Practiced Federal Primary Geometric Other (specify) Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	uting C		
Receipt For: Primary Other (specify) Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	` I '	ation	
Primary Ge Other (specify) ▼ Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	I MILYSIC	cian	
Full Name (Last, First, Mid Mark David Robinson, MD Mailing Address Cabaru	55 5	gate Year-to-Date ▼	
Mark David Robinson, MD Mailing Address Cabari	eneral	365.00	
0 0000.	Idle Initial)		Date of Receipt
-	rus Family Medicine opperfield Blvd NE # 201		10 09 7 2007
City <u>Concord</u>	State NC	Zip Code 28025-2400	Transaction ID: C349926
FEC ID number of contributed rederal political committee.	uting	20023-2400	Amount of Each Receipt this Period 265.00
Name of Employer Self Employed	Occupa Physic		
Receipt For: Primary Other (specify) ▼	Aggreg	gate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This	L		1130.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 210 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Robert R Rodak, DO Mailing Address 6445 Pepper Ct			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Erie	State PA	Zip Code 16505-2673	Transaction ID: C349215
	FEC ID number of contributing federal political committee.	C	10303-2073	Amount of Each Receipt this Period 365.00
	Name of Employer Hamot Health Foundation Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
 3.	Full Name (Last, First, Middle Initial) Jeannine M Rodems, MD Mailing Address 15 Suncrest Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C349207
	Soquel	CA	95073-9709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Jerry Paul Rogers, MD			Date of Receipt
	Mailing Address Dakota Clinic 420 Center Ave			10 09 2007
	City	State	Zip Code	Transaction ID: C348428
	Moorhead FEC ID number of contributing	MN	56560-1920	Amount of Each Receipt this Period 365.00
	federal political committee.	C		363.00
	Name of Employer Dakota Clinic	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
[SUBTOTAL of Receipts This Page (optional)	1		1095.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	for each ca	tate schedule(s) (check only one) X 11a
or for commercial purposes, other the NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or in using the name and address of any po y Physicians Political Action Comi	r used by any person for the purpose of soliciting contributions solicitical committee to solicit contributions from such committee.
Full Name (Last, First, Middle Init Thomas W Rohde, MD	•	Date of Receipt
Mailing Address 4775 E. Mar		09 22 2007
City	State Zip Code	11011011111111
Decatur FEC ID number of contributing federal political committee.	IL 62521	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	500.00
Full Name (Last, First, Middle Init Cynthia Corrine Romero, MD Mailing Address 519 W 20th	,	Date of Receipt
Apt 308	·	08 20 2007
City Norfolk	State Zip Code VA 23517-19	Transaction is: 00200 to
FEC ID number of contributing federal political committee.	VA 23517-19	Amount of Each Receipt this Period 365.00
Name of Employer Romero Family Practice	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	365.00
Full Name (Last, First, Middle Init John J Saalwaechter, MD, MBA, C Mailing Address 8095 N Elms	,	Date of Receipt
		07 24 2007
City	State Zip Code MI 48433-88	110110111111111111111111111111111111111
Flushing FEC ID number of contributing federal political committee.	MI 48433-88	Amount of Each Receipt this Period 365.00
Name of Employer Health Plus of Michigan	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	365.00
	I	1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	I Statements may not be sold or used by any perhe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathleen Ann Saradarian, MD Mailing Address 22 Wantage Ave Uni	it 3	Date of Receipt 0 7 2 6 2 0 0 7
PO Box 2457 City Branchville FEC ID number of contributing	State Zip Code NJ 07826-2457	Transaction ID: C321910 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date	365.00
Other (specify) Full Name (Last, First, Middle Initial) John Edward Sattenspiel, MD Mailing Address 1800 Millrace Dr	365.00	Date of Receipt 1 0 1 8 2 0 0 7
City Eugene FEC ID number of contributing federal political committee.	State Zip Code OR 97403-1992 C	Transaction ID: C350279 Amount of Each Receipt this Period 35.00
Name of Employer Salem Family Physicians, PC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 205.00	
Full Name (Last, First, Middle Initial) John Edward Sattenspiel, MD Mailing Address 1800 Millrace Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eugene FEC ID number of contributing federal political committee.	State Zip Code OR 97403-1992 C	Transaction ID: C367562 Amount of Each Receipt this Period 35.00
Name of Employer Salem Family Physicians, PC Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 205.00	
SUBTOTAL of Receipts This Page (optional)		435.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 210 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any programming the name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John Edward Sattenspiel, MD Mailing Address 1800 Millrace Dr City Eugene FEC ID number of contributing federal political committee. Name of Employer Salem Family Physicians, PC	State Zip Code OR 97403-1992 C Occupation Physician	Date of Receipt 1 2 1 9 2 0 0 7 Transaction ID: C374175 Amount of Each Receipt this Period 35.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 205.00	
Dennis F Saver, MD Mailing Address 1265 36th St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C349123
Vero Beach	FL 32960-6574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Primary Care of Treasure Coast	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Tara Jolene Scheufler, DO	•	Date of Receipt
Mailing Address 588 Shelbourne L	n Apt 104	07 30 2007
City	State Zip Code	Transaction ID: C322135
Dayton	OH 45458-6369	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	nal)	765.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 210 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	<u> </u>	· ·	
Full Name (Last, First, Middle Initial) Grover Schleifer, MD			Date of Receipt
Mailing Address 1720 E Reelfoot Av	ve Ste 101A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Union City	State TN	Zip Code	Transaction ID: C321805
FEC ID number of contributing federal political committee.	C	38261-6048	Amount of Each Receipt this Period 73.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 219.00	
Full Name (Last, First, Middle Initial) Dean A Schultz, Jr			Date of Receipt
Mailing Address 6409 Bay Hill Dr			0 7 1 5 2 0 0 7
City	State	Zip Code	Transaction ID: C319782
Abilene FEC ID number of contributing federal political committee.	C	79606-5622	Amount of Each Receipt this Period 250.00
Name of Employer APCA	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Schwager Jay Schwager, MD			Date of Receipt
Mailing Address 6528 E Carondelet	Dr		10 09 2007
City Tucson	State AZ	Zip Code	Transaction ID: C348403
FEC ID number of contributing federal political committee.	C	85710-2117	Amount of Each Receipt this Period 365.00
Name of Employer Carondelet Medical Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (options	al)		688.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127/210 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Alan I Schwartzstein, MD			Date of Receipt
Mailing Address 753 N Main St			10 11 2007
City Oregon	State WI	Zip Code 53575-1003	Transaction ID: C349120 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30070 1000	265.00
Name of Employer Dean Health System	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Patricia Ann Sereno, MD			Date of Receipt
Mailing Address 10 Morgan Ave			10 09 2007
City Stoneham	State MA	Zip Code	Transaction ID: C348402
FEC ID number of contributing federal political committee.	C	02180-3417	Amount of Each Receipt this Period 122.00
Name of Employer Hallmark Health	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Patricia Ann Sereno, MD			Date of Receipt
Mailing Address 10 Morgan Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stoneham	State MA	Zip Code	Transaction ID: C367548
FEC ID number of contributing federal political committee.	C	02180-3417	Amount of Each Receipt this Period 122.00
Name of Employer Hallmark Health	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optiona	l)		509.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or 1	or commercial purposes, other than using t	Statements may no he name and address	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	cians Political Ac	tion Committee	
١.	Full Name (Last, First, Middle Initial) Patricia Ann Sereno, MD Mailing Address 10 Morgan Ave			Date of Receipt
	City	State	Zip Code	1 2 1 9 2 0 0 7 Transaction ID: C374176
	Stoneham	MA	02180-3417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		121.00
	Name of Employer Hallmark Health	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Michael Sevilla, MD			Date of Receipt
	Mailing Address Family Practice Ctr of 2370 Southeast Blvd		7.0.	07 19 2007
	City	State OH	Zip Code	Transaction ID: C321392
	Salem FEC ID number of contributing federal political committee.	C	44460-3498	Amount of Each Receipt this Period 365.00
	Name of Employer Family Practice Center of Salem	Occupation Family Phys	sician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Kevin P Shaffer, MD	1		Date of Receipt
	Mailing Address 3822 Colonial Ave S	te A		10 09 2007
	City Erie	State PA	Zip Code 16506-3843	Transaction ID: C348401 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10000000	122.00
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 425.00	
	JBTOTAL of Receipts This Page (optional)	1		608.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 210 (check only one) X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Academy of Family Physici	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/Fı	ull Name (Last, First, Middle Initial)			Date of Receipt
M	ailing Address 3822 Colonial Ave Ste	e A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	ity rie	State PA	Zip Code 16506-3843	Transaction ID: C367550
FE	EC ID number of contributing deral political committee.	C	10300-3043	Amount of Each Receipt this Period 122.00
Na Se	ame of Employer elf-Employed	Occupatio Physicia		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00	
. <u>K</u> e	ull Name (Last, First, Middle Initial) evin P Shaffer, MD ailing Address 3822 Colonial Ave Ste	e A		Date of Receipt
Ci	itv	State	Zip Code	1 2 1 9 2 0 0 7 Transaction ID: C374177
	rie	PA	16506-3843	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		121.00
Na Se	ame of Employer elf-Employed	Occupatio Physicia		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 425.00	
. <u>Li</u> i	ull Name (Last, First, Middle Initial) nda Peck Shields, MD	1		Date of Receipt
M	ailing Address PO Box 217			09 24 2007
Ci	•	State	Zip Code	Transaction ID: C346445
FE	iverside C ID number of contributing deral political committee.	C	98849-0217	Amount of Each Receipt this Period 250.00
Na W	ame of Employer /enatchee Valley Clinic	Occupatio Physicia		
Re	eceipt For: Primary General Other (specify) ▼	- ' 	e Year-to-Date ▼ 250.00	
SUB	STOTAL of Receipts This Page (optional) .			493.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 130 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and s r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of	any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Academy of Family Physici	ans Political Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Aaron Burl Shives, MD			Date of Receipt
	Mailing Address Brown Clinic 506 1st Ave SE			07 24 2007
	City		Code	Transaction ID: C321806
	Watertown	SD 57	<u>'201-4402</u>	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Brown Clinic	Occupation Physician		
	Receipt For:	Aggregate Year-to	o-Date ▼	
	Primary General Other (specify) ▼		350.00	
. –	Full Name (Last, First, Middle Initial) Aaron Burl Shives, MD	1		Date of Receipt
	Mailing Address Brown Clinic 506 1st Ave SE			08 21 2007
	City		Code	Transaction ID: C325401
	Watertown FEC ID number of contributing federal political committee.	SD 57	7201-4402	Amount of Each Receipt this Period 35.00
	Name of Employer Brown Clinic	Occupation Physician		
	Receipt For:	Aggregate Year-to	o-Date V	
	Primary General Other (specify) ▼	0 0 0	350.00	
. —	Full Name (Last, First, Middle Initial) Aaron Burl Shives, MD	1		Date of Receipt
	Mailing Address Brown Clinic 506 1st Ave SE			09 / 21 / 2007
	City Watertown	'	Code	Transaction ID: C346365
	FEC ID number of contributing federal political committee.	C 37	7201-4402	Amount of Each Receipt this Period 35.00
	Name of Employer Brown Clinic	Occupation Physician		
	Receipt For: Primary General	Aggregate Year-to		
	Other (specify) ▼		350.00	
	SUBTOTAL of Receipts This Page (optional) .	L		105.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
A	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political c	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	American Academy of Family Physici	ans Political Action Committee	
4 .	Full Name (Last, First, Middle Initial) Aaron Burl Shives, MD		Date of Receipt
	Mailing Address Brown Clinic 506 1st Ave SE		10 26 2007
	City	State Zip Code	Transaction ID: C351187
	Watertown	SD 57201-4402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Brown Clinic	Occupation Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	50.00
_ 3.	Full Name (Last, First, Middle Initial) Aaron Burl Shives. MD	0 0 0 0 0 0	Date of Receipt
•	Mailing Address Brown Clinic 506 1st Ave SE		1 1 2 9 2 0 0 7
	City	State Zip Code	Transaction ID: C367551
	Watertown	SD 57201-4402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Brown Clinic	Occupation Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3	50.00
. –	Full Name (Last, First, Middle Initial) Aaron Burl Shives, MD		Date of Receipt
	Mailing Address Brown Clinic 506 1st Ave SE		12 19 2007
	City	State Zip Code SD 57201-4402	Transaction ID: C374179
	Watertown FEC ID number of contributing federal political committee.	SD 57201-4402	Amount of Each Receipt this Period 35.00
	Name of Employer Brown Clinic	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
	CLIPTOTAL of Possints This Poss (entional)		105.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 210 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers g the name and address of any political committee to resicians Political Action Committee	
Full Name (Last, First, Middle Initial) Domingo C Singson, MD Mailing Address 1021 Gilpin Ave S		Date of Receipt 10 09 2007
City Wilmington	State Zip Code DE 19806-3271	Transaction ID: C348399 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Singson Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 365.00	
Full Name (Last, First, Middle Initial) Linda Marie Siy, MD Mailing Address 4133 Bilglade Rd		Date of Receipt 0 7 2 4 2 0 0 7
City	State Zip Code	Transaction ID: C321807
Fort Worth	TX 76109-5436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.18
Name of Employer University of North Texas Health Scien Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Linda Marie Siy, MD		Date of Receipt
Mailing Address 4133 Bilglade Rd		08 21 2007
City	State Zip Code	Transaction ID: C325402
Fort Worth FEC ID number of contributing federal political committee.	TX 76109-5436	Amount of Each Receipt this Period 33.18
Name of Employer University of North Texas Health Scien	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUPTOTAL of Possints This Page (entire	nal)	431.36

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Linda Marie Siy, MD			Date of Receipt
Mailing Address 4133 Bilglade Rd			09 / 21 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C346372
Fort Worth FEC ID number of contributing federal political committee.	C	76109-5436	Amount of Each Receipt this Period 33.18
Name of Employer University of North Texas Health Scien Receipt For:	Occupatio Physicial		
Primary General Other (specify) ▼	riggiogate	365.00	
Full Name (Last, First, Middle Initial) Linda Marie Siy, MD	·		Date of Receipt
Mailing Address 4133 Bilglade Rd			10 26 2007
City Fort Worth	State TX	Zip Code	Transaction ID: C351188
FEC ID number of contributing federal political committee.	C	76109-5436	Amount of Each Receipt this Period 33.18
Name of Employer University of North Texas Health Scien	Occupatio Physicia		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
Other (specify)		365.00	
Full Name (Last, First, Middle Initial) Linda Marie Siy, MD			Date of Receipt
Mailing Address 4133 Bilglade Rd			1 1 2 9 2 0 0 7
City	State	Zip Code	Transaction ID: C367552
Fort Worth FEC ID number of contributing federal political committee.	C	76109-5436	Amount of Each Receipt this Period 33.18
Name of Employer University of North Texas Health Scien Receipt For:	Occupatio Physicial	n	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	`		99.54

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda Marie Siy, MD Mailing Address 4133 Bilglade Rd City Fort Worth FEC ID number of contributing federal political committee. Name of Employer University of North Texas Health Scien Receipt For: Primary General Other (specify)	State Zip Code TX 76109-5436 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 1 2 1 9 2 0 0 7 Transaction ID: C374181 Amount of Each Receipt this Period 33.20
Full Name (Last, First, Middle Initial) Ellen George Smith, MD Mailing Address Heritage Family Medic 3 Walnut St Ste 205 City Lemoyne	State Zip Code PA 17043-1168	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Heritage Medical Group Receipt For: Primary General Other (specify)	Occupation Family Physician Aggregate Year-to-Date 365.00	365.00
Full Name (Last, First, Middle Initial) Joseph Douglas Smith, MD Mailing Address Rockingham Family P 1751 Erickson Ave City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Harrisonburg FEC ID number of contributing federal political committee.	VA 22801-8555	Amount of Each Receipt this Period 365.00
Name of Employer Rockingham Family Physicians Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 365.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	763.20

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Susan J Solomon, MD			Date of Receipt
Mailing Address 3523 Edgevale Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C349183
Toledo	OH	43606-2638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Timberstone Family Physic-	Occupation Physician		
ians Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Daniel R Spogen, MD			Date of Receipt
Mailing Address Dept Family Med Un Brigham Building #3			10 09 7 2007
City	State	Zip Code	Transaction ID: C348389
Reno	NV	89557-0046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer University of Nevada	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Larae G Stemmerman, DO			Date of Receipt
Mailing Address Infinity Medical 5409 Avenue O Ste	115		M M / D D / Y Y Y Y Y Y 1 1 0 1 1 1 2 0 0 7
City	State	Zip Code	Transaction ID: C349187
Fort Madison	IA	52627-9602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		315.00
Name of Employer Infinity Medical	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	315.00	
SUBTOTAL of Receipts This Page (optional			1045.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Suellywn Stewart, MD Mailing Address 689 Cherrington Rd			Date of Receipt
City Westerville	State OH	Zip Code 43081-3038	Transaction ID: C343534 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C	n	121.66
Name of Employer OSU Physicians, Inc. Receipt For: Primary General Other (specify) ▼	Physicia		
Full Name (Last, First, Middle Initial) Suellywn Stewart, MD Mailing Address 689 Cherrington Rd	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C346502
Westerville	OH	43081-3038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		121.66
Name of Employer OSU Physicians, Inc. Receipt For:	Occupatio Physicia	n	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Suellywn Stewart, MD	-		Date of Receipt
Mailing Address 689 Cherrington Rd			10 26 2007
City	State	Zip Code	Transaction ID: C351189
Westerville FEC ID number of contributing federal political committee.	C	43081-3038	Amount of Each Receipt this Period 121.68
Name of Employer OSU Physicians, Inc.	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Linda Gonzales Stogner, MD		Date of Receipt
Mailing Address Esperanza Family He PO Box 807	aith Ctr	07 24 2007
City	State Zip Code NM 87016-0807	Transaction ID: C321726
Estancia FEC ID number of contributing federal political committee.	NM 87016-0807	Amount of Each Receipt this Period 500.00
Name of Employer Presbyterian Medical Serv- ices	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Philip Wendell Stoyke, MD		Date of Receipt
Mailing Address 1853 Highland Pkwy		07 25 2007
City	State Zip Code	Transaction ID: C321808
St. Paul	MN 55116-1328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.25
Name of Employer CentraCare Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Philip Wendell Stoyke, MD		Date of Receipt
Mailing Address 1853 Highland Pkwy		08 21 2007
City	State Zip Code	Transaction ID: C325403
St. Paul	MN 55116-1328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.25
Name of Employer CentraCare Clinic	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
		682.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any pers the name and address of any political committee to sicians Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague A City	Ave State Zip Code	Date of Receipt M M M
Spokane Valley FEC ID number of contributing federal political committee.	WA 99216-2167	Amount of Each Receipt this Period 100.00
Name of Employer Rockwood Clinic Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague A	Ave	Date of Receipt 0 8 2 1 2 0 0 7
City	State Zip Code	Transaction ID: C325405
Spokane Valley	WA 99216-2167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Rockwood Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague A	Ave	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C346417
Spokane Valley FEC ID number of contributing federal political committee.	WA 99216-2167	Amount of Each Receipt this Period 100.00
Name of Employer Rockwood Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	51/	300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 210 (check only one) X 11a
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague Ave City Spokane Valley	State WA	Zip Code 99216-2167	Date of Receipt 10 26 2007 Transaction ID: C351190 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Rockwood Clinic Receipt For: Primary General Other (specify) ▼	Physician		
3.	Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague Ave			Date of Receipt 1 1 2 9 2 0 0 7
	City	State	Zip Code	Transaction ID: C367553
	Spokane Valley FEC ID number of contributing federal political committee.	C	99216-2167	Amount of Each Receipt this Period
	Name of Employer Rockwood Clinic	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
- -	Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague Ave			Date of Receipt
	City	State	Zip Code	Transaction ID: C374182
	Spokane Valley FEC ID number of contributing federal political committee.	C	99216-2167	Amount of Each Receipt this Period 100.00
	Name of Employer Rockwood Clinic	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 210 (check only one) X
An	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
.∠ 	Full Name (Last, First, Middle Initial) Cyneetha Strong, MD Mailing Address Patient First 505 Appleyard Dr			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C325463
	Tallahassee	FL	32304-2854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Patients First	Occupation Family P		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Rosemarie Sweeney			Date of Receipt
	Mailing Address 5915 Ramsgate Road	1		09 26 2007
	City	State	Zip Code	Transaction ID: C347556
	Bethesda	MD	20816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer American Academy of Family Physicians	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Erica Williams Swegler, MD			Date of Receipt
	Mailing Address 816 Keller Pkwy Ste 1 Ste 102			08 / 07 / 2007
	City Keller	State TX	Zip Code 76248-2405	Transaction ID: C323323
	FEC ID number of contributing federal political committee.	C	76248-2405	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional) .		\	1500.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or f	or commercial purposes, other than using the	Statements may not not name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Act	ion Committee	
۱	Full Name (Last, First, Middle Initial) Nancy Swikert, MD			Date of Receipt
	Mailing Address 8780 Us Highway 42			10 11 2007
	City Florence	State KY	Zip Code 41042-8850	Transaction ID: C349116 Amount of Each Receipt this Period
-	FEC ID number of contributing rederal political committee.	C		365.00
	Name of Employer Patient First Physician Group	Occupation Physician		
	Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
	Other (specify) ▼	0 0	365.00	
•	Full Name (Last, First, Middle Initial) Jay Michael Taylor, MD	<u>'</u>		Date of Receipt
	Mailing Address Lake County Family 9500 Mentor Ave	Practice		10 11 2007
	City Mentor	State OH	Zip Code 44060-8713	Transaction ID: C349208
-	FEC ID number of contributing rederal political committee.	C	44000-6713	Amount of Each Receipt this Period 122.00
	Name of Employer Lake County Family Practi-	Occupation Physician		
	ce Receipt For:	Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	365.00	
	Full Name (Last, First, Middle Initial) Jay Michael Taylor, MD			Date of Receipt
	Mailing Address Lake County Family 9500 Mentor Ave	Practice		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Mentor	State OH	Zip Code 44060-8713	Transaction ID: C367554 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	44000-0713	122.00
	Name of Employer Lake County Family Practi- ce	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 365.00	
	BTOTAL of Receipts This Page (optional)			609.00

SCHEDULE A (FEC FO	rm 3X) Use separate s for each categoral Detailed Summ	ory of the (Check only only)
or for commercial purposes, other t	an using the name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Ir Jay Michael Taylor, MD	-	Date of Receipt
Mailing Address Lake Coun 9500 Mento	y Family Practice r Ave	1 2 1 9 / Y Y Y Y Y Y Y
City Mentor	State Zip Code OH 44060-8713	Transaction ID: C374183
FEC ID number of contributing federal political committee.	OH 44060-8713	Amount of Each Receipt this Period 121.00
Name of Employer Lake County Family Practice Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date	365.00
Full Name (Last, First, Middle Ir Michael P Temporal, MD Mailing Address 2731 Bloor	· 	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C321811
Saint Louis	MO 63129-3237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer Saint Louis University	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	365.06
Full Name (Last, First, Middle Ir Michael P Temporal, MD	,	Date of Receipt
Mailing Address 2731 Bloor	field Dr	0 8 2 1 2 0 0 7
City	State Zip Code	Transaction ID: C325411
Saint Louis	MO 63129-3237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer Saint Louis University	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	365.06
SUBTOTAL of Receipts This Page	e (optional)	181.84

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143/210 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physics	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Michael P Temporal, MD			Date of Receipt
Mailing Address 2731 Bloomfield Dr			09 21 2007
City Saint Louis	State MO	Zip Code 63129-3237	Transaction ID: C346425
FEC ID number of contributing federal political committee.	C	03129-3237	Amount of Each Receipt this Period 30.41
Name of Employer Saint Louis University	Occupatio Physicial		
Receipt For: Primary General Other (specify)	_ ' ' ' _ '	e Year-to-Date ▼ 365.06	
Full Name (Last, First, Middle Initial) Michael P Temporal, MD			Date of Receipt
Mailing Address 2731 Bloomfield Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Louis	State MO	Zip Code 63129-3237	Transaction ID: C351191
FEC ID number of contributing federal political committee.	C	00123-3231	Amount of Each Receipt this Period 30.41
Name of Employer Saint Louis University	Occupatio Physicial		
Receipt For: Primary General Other (specify)	' _ '	e Year-to-Date ▼ 365.06	1
Full Name (Last, First, Middle Initial)	0 0		1
Michael P Temporal, MD Mailing Address 2731 Bloomfield Dr			Date of Receipt 1 1 2 9 2 0 0 7
City	State	Zip Code	Transaction ID: C367555
Saint Louis FEC ID number of contributing federal political committee.	MO	63129-3237	Amount of Each Receipt this Period 30.41
Name of Employer Saint Louis University	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.06	
SUBTOTAL of Receipts This Page (optional			91.23

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 210 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
	Full Name (Last, First, Middle Initial) Michael P Temporal, MD Mailing Address 2731 Bloomfield Dr			Date of Receipt
	Mailing Address 2/31 Bloomfield Dr			12 19 2007
	City	State	Zip Code	Transaction ID: C374185
	Saint Louis	MO	63129-3237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.47
	Name of Employer Saint Louis University	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.06	
	Full Name (Last, First, Middle Initial) Roger Ray Tobias, MD			Date of Receipt
	Mailing Address 1221 W Noble St			07 25 2007
	City	State	Zip Code	Transaction ID: C321812
	Lyons	KS	67554-3026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.00
	Name of Employer Hutchinson Clinic, P.A.	Occupatio Physicia	n	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		217.00	
_	Full Name (Last, First, Middle Initial) Roger Ray Tobias, MD			Date of Receipt
	Mailing Address 1221 W Noble St			0 8 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: C325416
	Lyons	KS	67554-3026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.00
	Name of Employer Hutchinson Clinic, P.A.	Occupatio Physicia	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		217.00	
	SUBTOTAL of Receipts This Page (optional) .	1		92.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	Statements may not be sold or used by any person e name and address of any political committee to take Political Action Committee	
Full Name (Last, First, Middle Initial) Roger Ray Tobias, MD Mailing Address 1221 W Noble St City Lyons FEC ID number of contributing federal political committee. Name of Employer Hutchinson Clinic, P.A. Receipt For:	State Zip Code KS 67554-3026 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Roger Ray Tobias, MD Mailing Address 1221 W Noble St	217.00	Date of Receipt
City Lyons FEC ID number of contributing federal political committee. Name of Employer Hutchinson Clinic, P.A.	State Zip Code KS 67554-3026 C	Transaction ID: C351192 Amount of Each Receipt this Period 31.00
Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 217.00	
Full Name (Last, First, Middle Initial) Roger Ray Tobias, MD Mailing Address 1221 W Noble St		Date of Receipt 1 1 2 9 2 0 0 7
City Lyons FEC ID number of contributing federal political committee.	State Zip Code KS 67554-3026	Transaction ID: C367556 Amount of Each Receipt this Period 31.00
Name of Employer Hutchinson Clinic, P.A. Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	
Other (specify)	217.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Roger Ray Tobias, MD			Date of Receipt
Mailing Address 1221 W Noble St			12 19 2007
City	State	Zip Code	Transaction ID: C374187
Lyons	KS	67554-3026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.00
Name of Employer Hutchinson Clinic, P.A.	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 217.00	
Full Name (Last, First, Middle Initial) Timothy J Tobolic, MD			Date of Receipt
Mailing Address 7751 Byron Center PO Box 307			10 / 11 / 2007
City Byron Center	State MI	Zip Code	Transaction ID: C349213
FEC ID number of contributing federal political committee.	C	49315-0307	Amount of Each Receipt this Period 365.00
Name of Employer Byron Family Medicine	Occupatio Physicial		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Rafael Guillermo Torres, MD			Date of Receipt
Mailing Address 912 Macon PI			08 06 YYYYY 08 06 2007
City	State	Zip Code	Transaction ID: C322941
Raleigh	NC	27609-6327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Torres Quality Health Care	Occupatio Physicial		
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		365.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		761.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 210 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	Statements may not be sold or used by any persone name and address of any political committee to clams. Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karen Vaillant, MD Mailing Address 350 W Country Club Ste 101 City Roswell FEC ID number of contributing federal political committee. Name of Employer ENMMC Receipt For: Primary General Other (specify)	State Zip Code NM 88201-5205 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Donna Valponi Mailing Address 4516 NE De La Mar (City Lees Summit FEC ID number of contributing federal political committee. Name of Employer AAFP-KS Receipt For: Primary General Other (specify)	State Zip Code MO 64064-1391 C Occupation Marketing Executive Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Gregg K VandeKieft, MD Mailing Address Providence St Peter 525 Lilly Rd NE City Olympia FEC ID number of contributing federal political committee. Name of Employer St Peter Family Medicine Receipt For: Primary General Other (specify)	State Zip Code WA 98506-5101 C Occupation Physician Aggregate Year-to-Date ▼ 359.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		688.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 210 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregg K VandeKieft, MD Mailing Address Providence St Pete	r Fam Med		Date of Receipt
525 Lilly Rd NE City	State	Zip Code	0 8 2 1 2 0 0 7 Transaction ID: C325422
Olympia	WA	98506-5101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		57.30
Name of Employer St Peter Family Medicine	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 359.00	
Full Name (Last, First, Middle Initial) Gregg K VandeKieft, MD Mailing Address Providence St Pete	r Fam Mod		Date of Receipt
525 Lilly Rd NE	r Fam Med		09 21 2007
City	State	Zip Code	Transaction ID: C346430
<u>Olympia</u>	WA	98506-5101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		51.70
Name of Employer St Peter Family Medicine	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	359.00	
Full Name (Last, First, Middle Initial) Thomas J Vinton, MD	'		Date of Receipt
Mailing Address 5609 S 170th St			07 16 2007
City	State	Zip Code	Transaction ID: C319888
<u>Omaha</u>	NE	68135-2257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Alegent Health	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	1		359.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 210 (check only one) X
	Any information copied from such Reports and Star for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Academy of Family Physician	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Kenton I Voorhees, MD Mailing Address 7953 S Franklin Ct City Centennial FEC ID number of contributing federal political committee. Name of Employer University of Colorado School of Medic Receipt For: Primary General Other (specify)	State Zip Code CO 80122-3255 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) James Stefan Walker, MD Mailing Address PO Box 806 City Refugio FEC ID number of contributing federal political committee. Name of Employer Refugio Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code TX 78377-0806 C Occupation Medical Doctor Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C353504 Amount of Each Receipt this Period 250.00
c .	Full Name (Last, First, Middle Initial) David Benjamin Ware, MD Mailing Address 3521 Hwy 190 E Ste P City Eunice FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code LA 70535-5129 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number o	·	980.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Phys		• •	
Full Name (Last, First, Middle Initial) Roy Wayne Watkins, MD			Date of Receipt
Mailing Address 4105 Lawndale Pl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greensboro	State NC	Zip Code 27455-1637	Transaction ID: C322943
FEC ID number of contributing federal political committee.	C	27433-1037	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) E Mark Watts, MD			Date of Receipt
Mailing Address 415 S Pollard St			10 09 2007
City Vinton	State VA	Zip Code 24179-2502	Transaction ID: C348330
FEC ID number of contributing federal political committee.	C	24173-2302	Amount of Each Receipt this Period 365.00
Name of Employer Carilion Faculty Medicine	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Andrew H Weary, MD			Date of Receipt
Mailing Address 3416 Rosefinch Trl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Austin	State TX	Zip Code	Transaction ID: C349184
FEC ID number of contributing federal political committee.	C	78746-6629	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	1	1230.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 210 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	cians Political	Action Committee	
	Full Name (Last, First, Middle Initial) Thomas J Weida, MD			Date of Receipt
	Mailing Address University Phys Grp 845 Fishburn Rd	Fishburn		10 09 2007
	City	State	Zip Code	Transaction ID: C348320
	Hershey	PA	17033-2015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Hershey Medical Center	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Robert L Wergin, MD			Date of Receipt
	Mailing Address 119 S C St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C348319
	<u>Milford</u>	NE	68405-1802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		265.00
	Name of Employer Memorial Health Care	Occupatio Physicia		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Randell K Wexler, MD			Date of Receipt
	Mailing Address 6040 Haybury Drive			07 13 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C319701
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ohio State University	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	5000.00	
Г		1		865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Randell K Wexler, MD		Date of Receipt
Mailing Address 6040 Haybury Drive	Ctata 7in Cada	08 29 2007
City New Albany	State Zip Code OH 43054	Transaction ID: C343531 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 45054	500.00
Name of Employer Ohio State University	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Randell K Wexler, MD		Date of Receipt
Mailing Address 6040 Haybury Drive		09 / 19 / 2007
City	State Zip Code	Transaction ID: C345600
New Albany	OH 43054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ohio State University	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Randell K Wexler, MD		Date of Receipt
Mailing Address 6040 Haybury Drive		10 29 2007
City New Albany	State Zip Code OH 43054	Transaction ID: C351429
FEC ID number of contributing federal political committee.	C 43034	Amount of Each Receipt this Period 1000.00
Name of Employer Ohio State University	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)	1	2000.00

City State Zip Code OH 43054 FEC ID number of contributing federal political committee. Name of Employer Ohio State University Primary General Other (specify) ▼ City State Zip Code Amount of Expression Physician B. Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD Mailing Address 59 Tipton Drive City State Zip Code GA 30533 FEC ID number of contributing federal political committee. Name of Employer Amount of Expression Physician Group Physician Receipt For: Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Kenneth W Whittington, MD Date of Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Kenneth W Whittington, MD	MBER: PAGE 153 / 210) 111b 11c 12 14 15 16 17
A. American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Randell K Wexter, MD Mailing Address 6040 Haybury Drive City New Albany OH 43054 FEC ID number of contributing federal political committee. Name of Employer Ohio State University Primary Other (specify) ▼ FEC ID number of contributing Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD Mailing Address 59 Tipton Drive City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Dahlonega GA 30533 FEC ID number of Contributing federal political orminities. City Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Renneth W Whittington, MD Mailing Address S300 NW 123rd St City Oklahoma City FEC ID number of contributing federal political committee. City Oklahoma City FEC ID number of contributing federal political committee. City Oklahoma City FEC ID number of contributing federal political committee. Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction Amount of Exployer Deaconess Hospital Aggregate Year-to-Date ▼ Transaction Amount of Exployer Deaconess Hospital Aggregate Year-to-Date ▼ Transaction Amount of Exployer Deaconess Hospital Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Fire City Fire C	of soliciting contributions s from such committee.
A. Randell K Wexter, MD Mailing Address 6040 Haybury Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer Ohio State University Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Andre Wherny, MD Mailing Address 59 Tipton Drive City Dahlonega FEC ID number of contributing federal political committee. Name of Employer City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Dahlonega Physicians Group Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Reneath W Whitington, MD Mailing Address 5300 NW 123rd St City Oklahoma City FEC ID number of contributing federal political committee. City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Physician Receipt For: PEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Physician Receipt For: Physician Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Physician Receipt For: Physician Aggregate Year-to-Date ▼ Physician Aggregate Year-to-Date ▼	
City New Albany FEC ID number of contributing federal political committee. Name of Employer Ohio State University Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD Malling Address 59 Tipton Drive City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Dahlonega FPysicians Group Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction Amount of Exployer Dahlonega FPysicians Group Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt For: Primary General Occupation Physician Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Primary General Occupation Physician Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼	<u> </u>
New Albany New Albany OH 43054 Amount of Exercised Expression of Expression Physician Receipt For: Primary	27 2007
FEC ID number of contributing federal political committee. Name of Employer Ohio State University Physician Receipt For: Primary General Other (specify) ▼	ach Receipt this Period
Receipt For:	500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD Mailing Address 59 Tipton Drive City State Zip Code Dahlonega GA 30533 FEC ID number of contributing federal political committee. Name of Employer Dahlonega Physicians Group Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kenneth W Whittington, MD Mailing Address 5300 NW 123rd St City State Zip Code M M M M M M M M M M M M M M M M M M M	
Date of Rece Mailing Address 59 Tipton Drive City Dahlonega GA 30533 FEC ID number of contributing federal political committee. Name of Employer Dahlonega Physicians Group Full Name (Last, First, Middle Initial) Kenneth W Whittington, MD Mailing Address 5300 NW 123rd St City City State State Zip Code Doccupation Physician Aggregate Year-to-Date Transaction Amount of Exployer Date of Rece M M M M M M M M M M M M M M M M M M M	
City State Zip Code GA 30533 FEC ID number of contributing federal political committee. Name of Employer Dahlonega Physicians Group Receipt For: Primary General Other (specify) ▼ City State Zip Code OK 73142-5142 FEC ID number of contributing federal political committee. City State Zip Code Transaction Oklahoma City OK 73142-5142 FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Physician Receipt For: Name of Employer Deaconess Hospital Physician Receipt For: Primary General Occupation Physician Receipt For: Primary General Foo 00	•
Dahlonega FEC ID number of contributing federal political committee. Name of Employer Dahlonega Physicians Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kenneth W Whittington, MD Mailing Address 5300 NW 123rd St City State Zip Code OK 73142-5142 FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary General Occupation Physician Amount of Exployer Occupation Physician Amount of Exployer Occupation Physician Aggregate Year-to-Date ▼ Transaction Amount of Exployer Occupation Physician Receipt For: Primary General	30 7 2007
FEC ID number of contributing federal political committee. Name of Employer Dahlonega Physicians Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kenneth W Whittington, MD Mailing Address 5300 NW 123rd St City State Zip Code Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction Amount of Each Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	ID: C375046
Dahlonega Physicians Group Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Kenneth W Whittington, MD Mailing Address 5300 NW 123rd St City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary General Physician Aggregate Year-to-Date ▼ C Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	ach Receipt this Period 4000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kenneth W Whittington, MD Mailing Address 5300 NW 123rd St City State Zip Code Oklahoma City OK 73142-5142 FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary General State Zip Code OK 73142-5142 C C Amount of Eace Physician Aggregate Year-to-Date ▼	
Mailing Address 5300 NW 123rd St City State Zip Code Oklahoma City OK 73142-5142 FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary General Date of Receivation Code Mailing Address 5300 NW 123rd St Code Transaction Amount of Eaction Amount of Eaction Aggregate Year-to-Date FOO 00	
City City State City OK 73142-5142 FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary General Primary Primary Primary State Zip Code Transaction Amount of Exposure C Aggregate Year-to-Date FOO 00	
Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary OK 73142-5142 Amount of Expound Physician Aggregate Year-to-Date FOO 00	09 /
FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary General C Occupation Physician Aggregate Year-to-Date	
Deaconess Hośpital Physician Receipt For: Primary General Aggregate Year-to-Date Foo oo	500.00
Receipt For: Primary General Aggregate Year-to-Date ▼	
Strict (openity)	
SUBTOTAL of Receipts This Page (optional)	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	Statements may not be sold or used by any pers the name and address of any political committee the cians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W Michael Woods, MD Mailing Address PO Box 420		Date of Receipt
400 Wyandotte Place		10 09 2007
City Ramona	State Zip Code OK 74061-0420	Transaction ID: C348314
FEC ID number of contributing federal political committee.	C 74001-0420	Amount of Each Receipt this Period 300.00
Name of Employer University of Oklahoma	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) W Michael Woods, MD Mailing Address PO Box 420		Date of Receipt
400 Wyandotte Place)	11 29 2007
City	State Zip Code	Transaction ID: C367557
Ramona FEC ID number of contributing federal political committee.	OK 74061-0420	Amount of Each Receipt this Period 300.00
Name of Employer University of Oklahoma	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) W Michael Woods, MD		Date of Receipt
Mailing Address PO Box 420 400 Wyandotte Place		12 19 2007
City Ramona	State Zip Code OK 74061-0420	Transaction ID: C374188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 74001-0420	300.00
Name of Employer University of Oklahoma	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		900.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the (criccit drilly drie)
	d Statements may not be sold or used by the name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	cians Political Action Committee	
Full Name (Last, First, Middle Initial) J Mack Worthington, MD		Date of Receipt
Mailing Address 1100 E 3rd St		07 25 2007
City	State Zip Code	Transaction ID: C321819
Chattanooga	TN 37403-2201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer University of Tennessee,	Occupation Physician	
College of Me Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		0.00
Full Name (Last, First, Middle Initial) J Mack Worthington, MD		Date of Receipt
Mailing Address 1100 E 3rd St		0 8 2 1 2 0 0 7
City	State Zip Code	Transaction ID: C325423
Chattanooga	TN 37403-2201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer University of Tennessee, College of Me	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) J Mack Worthington, MD		Date of Receipt
Mailing Address 1100 E 3rd St		09 21 YYYY 2007
City	State Zip Code	Transaction ID: C346431
Chattanooga	TN 37403-2201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer University of Tennessee, College of Me	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	100	0.00
SUBTOTAL of Receipts This Page (optiona		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 210 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phy	<u>~</u>		
Full Name (Last, First, Middle Initial) David P Wright, MD			Date of Receipt
Mailing Address 1313 Red River St Ste 100	Ste 100		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State	Zip Code	Transaction ID: C373297
Austin FEC ID number of contributing federal political committee.	C	78701-1923	Amount of Each Receipt this Period 365.00
Name of Employer Seton Hospital	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) R Brent Wright, MD			Date of Receipt
Mailing Address 115 Rebecca Lane			08 / 31 / Y Y Y Y Y Y 2007
City <u>Glasgow</u>	State KY	Zip Code 42141-3454	Transaction ID: C343779 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		73.00
Name of Employer University of Louisville	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) R Brent Wright, MD			Date of Receipt
Mailing Address 115 Rebecca Lane	•		09 / 21 / 2007
City	State	Zip Code	Transaction ID: C346432
Glasgow FEC ID number of contributing federal political committee.	C	42141-3454	Amount of Each Receipt this Period 73.00
Name of Employer University of Louisville	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	al)		511.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) R Brent Wright, MD Mailing Address 115 Rebecca Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Glasgow FEC ID number of contributing federal political committee.	State KY	Zip Code 42141-3454	Transaction ID: C351193 Amount of Each Receipt this Period 73.00
Name of Employer University of Louisville Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) R Brent Wright, MD Mailing Address 115 Rebecca Lane			Date of Receipt 1 1 2 9 2 0 0 7
City Glasgow FEC ID number of contributing federal political committee.	State KY	Zip Code 42141-3454	Transaction ID: C367558 Amount of Each Receipt this Period 73.00
Name of Employer University of Louisville Receipt For: Primary General Other (specify)	Occupatio Physicial		
Full Name (Last, First, Middle Initial) R Brent Wright, MD Mailing Address 115 Rebecca Lane	<u> </u>		Date of Receipt
City Glasgow FEC ID number of contributing federal political committee.	State KY	Zip Code 42141-3454	Transaction ID: C374189 Amount of Each Receipt this Period 73.00
Name of Employer University of Louisville Receipt For: Primary General Other (specify) ▼	Occupatio Physicia Aggregate		
SUBTOTAL of Receipts This Page (optional)			219.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 210 (check only one) X 11a
or fo	r commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
. <u> </u>	ull Name (Last, First, Middle Initial) illian Wu, MD			Date of Receipt
_	Mailing Address 278 Lind Ave NW			10 09 2007
	ity Renton	State WA	Zip Code 98057-5136	Transaction ID: C348313 Amount of Each Receipt this Period
F	EC ID number of contributing aderal political committee.	C		115.00
N	lame of Employer Community Health Centers f King Count	Occupatio Physicia		
	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
. <u>D</u>	ull Name (Last, First, Middle Initial) lennis Buford Yelvington, MD			Date of Receipt
IV	lailing Address PO Box 1901			10 11 2007
	ity	State	Zip Code	Transaction ID: C349217
F	Stuttgart EC ID number of contributing ederal political committee.	AR	72160-1901	Amount of Each Receipt this Period 500.00
N S	lame of Employer Stuttgart Medical Center	Occupatio Physicia		
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
	ull Name (Last, First, Middle Initial)			Date of Receipt
N	lailing Address 402 Youens Dr			10 09 YYYYY 10007
	lity Voimar	State	Zip Code	Transaction ID: C348311
F	Veimar EC ID number of contributing ederal political committee.	C	78962-3680	Amount of Each Receipt this Period 365.00
N S	lame of Employer celf-Employed	Occupatio Physicia		
R	leceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
SUE	3TOTAL of Receipts This Page (optional) .	1		980.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 159 / 210 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Joseph Wildman Zebley, MD Date of Receipt Mailing Address 3810 Juniper Rd 09 200.7 16 City State Zip Code Transaction ID: C345435 **Baltimore** MD 21218 Amount of Each Receipt this Period FEC ID number of contributing 400.00 C federal political committee. Name of Employer Greenspring Medical Assoc-Occupation Physician aites Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	400.00
TOTAL This Period (last page this line number only)	•	105242.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 210 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physical		son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre City Leawood FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General		Date of Receipt M M M / D D D 2007 Transaction ID: C319887 Amount of Each Receipt this Period 19.52
Other (specify) Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre		Date of Receipt 0 7 2 4 2 0 0 7
City Leawood FEC ID number of contributing federal political committee. Name of Employer	State Zip Code KS 66211-2672 C Occupation	Transaction ID: C321727 Amount of Each Receipt this Period 564.57
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6474.57	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre	eek Pkwy	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City Leawood	State Zip Code KS 66211-2672	Transaction ID: C325325 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Conjunction	685.12
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 6474.57	
SUBTOTAL of Receipts This Page (optional)		1269.21

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 210 (check only one) 11a 11b 11c 12 13 14 X 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician	Statements may not be sold or used by any personal statements and address of any political committee to the sold of the sold o	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre City Leawood FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6474.57	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre	eek Pkwy	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C344027
Leawood FEC ID number of contributing federal political committee. Name of Employer	KS 66211-2672 C Occupation	Amount of Each Receipt this Period 35.48
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6474.57]
Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt
Mailing Address 11400 Tomahawk Cre	eek Pkwy	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C346448
Leawood FEC ID number of contributing federal political committee.	KS 66211-2672	Amount of Each Receipt this Period 271.11
Name of Employer	Occupation	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6474.57	
	1	778.99

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 210 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information or for commerci	copied from such Reports and sal purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	OMMITTEE (In Full) Academy of Family Physici	ans Political	Action Committee	
	ast, First, Middle Initial) ademy of Family Physicians			Date of Receipt
Mailing Addr	ess 11400 Tomahawk Cre	eek Pkwy		11 02 7 2007
City <u>Leawood</u>		State KS	Zip Code 66211-2672	Transaction ID: C352026 Amount of Each Receipt this Period
	ber of contributing cal committee.	С		558.88
Name of Em	ployer	Occupation	on	
Receipt For: Primar Other		Aggregate	e Year-to-Date ▼ 6474.57	
American Aca	ast, First, Middle Initial) ademy of Family Physicians			Date of Receipt
Mailing Addr	ess 11400 Tomahawk Cre			11
City		State	Zip Code	Transaction ID: C367604
	ber of contributing cal committee.	KS C	66211-2672	Amount of Each Receipt this Period 459.24
Name of Em	ployer	Occupation	on	
Receipt For: Primar Other		Aggregate	e Year-to-Date ▼ 6474.57	
	ast, First, Middle Initial)	1		Date of Receipt
	ess 11400 Tomahawk Cre	eek Pkwy		1 2 0 5 2 0 0 7
City		State	Zip Code	Transaction ID: C368932
	ber of contributing cal committee.	C	66211-2672	Amount of Each Receipt this Period 617.40
Name of Em	ployer	Occupation	on	
Receipt For: Primar Other		Aggregate	e Year-to-Date ▼ 6474.57	
		1		1635.52

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 210 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	nd Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family Phys	sicians Political Action Committee	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt
Mailing Address 11400 Tomahawk (12 21 2007	
City	State Zip Code	Transaction ID: C373636
Leawood	KS 66211-2672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	8.94
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6474.57	

SUBTOTAL of Receipts This Page (optional)	•	8.94
TOTAL This Period (last page this line number only)	→	3692.66

C.

CHEDULE B (FEC Form 3X)	Llas asparata asbadula(a) F	FOR LINE NUMBER: PAGE 164 / 210
	Use separate schedule(s)	check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	
ny Information copied from such Reports and State of for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action Committee	
Full Name (Last, First, Middle Initial) American Express		Transaction ID: D53416 Date of Disbursement
Mailing Address PO Box 53852		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Phoenix	State Zip Code AZ 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name	Cate	egory/ /pe
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) American Express		Transaction ID: D53417 Date of Disbursement
Mailing Address PO Box 53852		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Phoenix	State Zip Code AZ 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees		0.00
Candidate Name		egory/ /pe
Senate President	ement For: Primary General Other (specify) ▼	
State: District: Full Name (Last, First, Middle Initial)		
American Express		Transaction ID: D53418 Date of Disbursement
Mailing Address PO Box 53852		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Phoenix	State Zip Code AZ 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees		3.10
Candidate Name		egory/ /pe
Senate President	ement For: Primary General Other (specify)	
State: District:		

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 165 / 210
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	e and address of any political c	committee to son	icit contributions from	Such committee
American Academy of Family Physicians	Political Action Committee	е		
Full Name (Last, First, Middle Initial)			Transaction ID: D	
American Express			Date of Disbursem	
Mailing Address PO Box 53852			07 10	Ž O O T
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Di	sbursement this Period
Purpose of Disbursement Credit Card Processing Fees				3.10
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	71		
State: District:				
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D Date of Disbursem	ent
Mailing Address PO Box 53852			07 13	⁷ 2007
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Di	sbursement this Period
Purpose of Disbursement Credit Card Processing Fees				15.97
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: D	E0401
American Express			Transaction ID: D Date of Disbursem	
Mailing Address PO Box 53852			07 16	2007
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Di	sbursement this Period
Purpose of Disbursement Credit Card Processing Fees				3.10
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ement For: Primary	Туре		
State: District:				
SUBTOTAL of Disbursements This Page (optional)		>		22.17

В.

C.

CHEDULE B (FEC Form 3X)	Use sepa	—		MBER:	PAGE 166 / 210							
EMIZED DISBURSEMENTS	for each o	category of the Summary Page	X	neck or 21b 27	Ĺ 2	22 28a	23 28b		24 28c	25 29		26 30b
y Information copied from such Reports and Staten for commercial purposes, other than using the nam												
NAME OF COMMITTEE (In Full)	e and addres	ss of any political	COMMIN	iee io s	Olicit	CONTINUE	ILIONS II	OIII St	ich cc	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
American Academy of Family Physicians	Political Ac	ction Committe	е									
Full Name (Last, First, Middle Initial)					Т	ransac	tion ID	: D53	422			
American Express						Oate of I			t			
Mailing Address PO Box 53852						0 ^M 7 M	/ D	7	/ L	žoŏ	7 ^Y	
City	State	Zip Code			P	mount	of Each	n Disb	ursen	nent this	Perio	od
Phoenix	AZ	85072-3852			- [12.0	na	\neg
Purpose of Disbursement Credit Card Processing Fees									-	12.	00	
Candidate Name			Categ	-								
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼										
Full Name (Last, First, Middle Initial)					+	ransac	tion ID	· D53	1423			
American Express						ate of [_			
Mailing Address PO Box 53852						0 ^M 7 M	/ D	23	/ Y	žoŏ	7 ^Y	
City	State	Zip Code			1	mount	of Each	n Disb	ursen	nent this	Perio	
Phoenix	AZ	85072-3852				-			-		10	
Purpose of Disbursement Credit Card Processing Fees					Į l	-		-	-	3.	10	_
Candidate Name			Categ	-								
Senate President	ement For: Primary Other (spe	General cify) ▼										
State: District:												
Full Name (Last, First, Middle Initial) American Express						ransac Date of I	Disburs	emen		* V * V	V	
Mailing Address PO Box 53852						0 7		27		žoŏ	7	
City Phoenix	State AZ	Zip Code 85072-3852			P	Mount	of Each	n Disb	ursen	nent this	Perio	d
Purpose of Disbursement	<u> </u>	05072-3052			- [5.0	68	
Credit Card Processing Fees					"			-	-		-	_
Candidate Name			Categ Typ									
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼										
UBTOTAL of Disbursements This Page (optional)				•						20.8	37	\neg
OTAL This Period (last page this line number only)				<u></u>	Ì		-	•	-	1 1		Ħ
AN026						FEC	Schedu	ile B (Form	13X) (R	evise	d 02

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE				NE NUMBER: PAGE 167 / 2 only one)								
ITEMIZED DISBURSEMENTS	for each of Detailed		X	_	H	22 28a		23 28b	F	24 28c	F	25 29	П	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														3	
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Ac	ction Committe	е												
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Date o			en			007	7 ^Y	
,	State AZ	Zip Code 85072-3852					Amou	nt o	Each	ı D	isburse	men	t this I	Perio	d
Purpose of Disbursement Credit Card Processing Fees Candidate Name					egory/				•				31.3	4	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼		ı y	ре										
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Date o		sburs				007	7 ^Y	
,	State AZ	Zip Code 85072-3852					Amou	nt o	Each	ı C	isburse	men	t this I	Perio	d
Purpose of Disbursement Credit Card Processing Fees Candidate Name					egory/								10.2	4	
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		lу	/pe										
Full Name (Last, First, Middle Initial) American Express							Date o		sburs	en				V	
Mailing Address PO Box 53852							0 8) 3	š ' L	2	0 ŏ 7	7	
Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	Each	ı D	isburse	men	t this I	-	d
Purpose of Disbursement Credit Card Processing Fee Candidate Name					egory/			•	•				0.7	0	
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		. у	<u> </u>										
State: District:	(-1-0	· · ·								_		_			_
SUBTOTAL of Disbursements This Page (optional) .										_		0	42.3	6	

C.

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			OR LIN			l:		PA	AGE	168	210	
ITEMIZED DISBURSEMENTS		category of the Summary Page	1-	X	heck or 21b 27		e) 22 28a	23	3 3b	24 28c	F	25 29	П	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					persor	n for th	he purp	ose	of s	oliciting c		outions	\perp	000
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Ac	ction Committe	е											
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Transa Date of 0 8	Disb	urs	: D53499 ement		. o ŏ 7	7 ^Y	
	State	Zip Code				-	•	t of E		Disburse				
	AZ	85072-3852				- [1.5		
Credit Card Processing Fee Candidate Name				teς	gory/									
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼		,,,										
Full Name (Last, First, Middle Initial) American Express							Date of	Disb	urse					
Mailing Address PO Box 53852							0 8 M	′ [^D 1	0 /	2	0 0 7	7 ^Y	
	State AZ	Zip Code 85072-3852				1	Amoun	t of E	ach	Disburse	mer	t this I	Period	d
Purpose of Disbursement Credit Card Processing Fee											_	11.3	2	
Candidate Name				teç Typ	gory/ oe									
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼												
Full Name (Last, First, Middle Initial)						Т	ransa	ction	ID:	: D53501				
American Express Mailing Address PO Box 53852							Date of 0 8			ement	(2	0 0 7	7 ^Y	
	State	Zip Code					Amoun	t of F	ach	Disburse	mer	t this I	Period	
	AZ	85072-3852	_			- Í	unioun	. 0. 2	QO11	Biobaroc		6.1		
Credit Card Processing Fee Candidate Name						'					•			
				Гур	gory/ be									
Senate President	ment For: Primary Other (spe	General cify) ▼												
State: District:						<u> </u>					_			_
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>							19.0	4	

В.

C.

For each category of the for each category of the formation copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions from such committee or name and address of any political committee to solicit contributions from such committee. Full Name (Last, Frist, Middle Initial)	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		OR LIN	_		PAGE 169 / 210					
or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Candidate Name Office Sought: President Full Name (Last, First, Middle Initial) American Express Amount of Each Disbursement this Period Transaction ID: D53502 Date of Disbursement this Period AZ 85072-3852 Amount of Each Disbursement this Period Transaction ID: D53502 Date of Disbursement this Period Transaction ID: D53502 Anount of Each Disbursement this Period Transaction ID: D53503 Date of Disbursement to Disbursement Period Transaction ID: D53503 Date of Disbursement Office Sought: President AZ 85072-3852 City State Zip Code Purpose of Disbursement AZ 85072-3852 Amount of Each Disbursement this Period Transaction ID: D53503 Date of Disbursement this Period Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought: President Disbursement For: Senate Primary General Office Sought: House Senate Primary General Office	EMIZED DISBURSEMENTS	for each o	category of the	I —	21b	<u> </u>	22 [26 30b
NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name City Ploenix Balle President City Ploenix Balle Ball													
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Office Sought: House President District: City State Zip Code AZ 85072-3852 City State Zip Code Category' Type Office Sought: House Disbursement For: Sanate President State: District: City State Zip Code AZ 85072-3852 City State Zip Code Category' Type Office Sought: House Disbursement For: Sanate President State: District: City State Zip Code AZ 85072-3852 City State Senate Primary General Credit Card Processing Fee Candidate Name Category' Type Office Sought: House Senate Primary General Disbursement For: Senate Primary General Credit Card Processing Fee Candidate Name Category' Type Transaction ID: D53503 Date of Disbursement this Period A mount of Each Disbursement Interpretation ID: D53503 Date of Disbursement Interpretation ID: D53504 Date of Disbursement Interpretati			ss of any political of	COMMINIC	iee io s	Olicit	COMMOD	ILIONS II	OIII St	JOH GC	ommillee		
American Express Date of Disbursement Mailing Address PO Box 53852 City State Zip Code AZ Amount of Each Disbursement Crandidate Name Category/ Type Office Sought: House President 	, ,	Political Ac	ction Committee	Э									
American Express Date of Disbursement Malling Address PO Box 53852 City State AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type Office Sought: House Primary General Disbursement For: Senate Primary General Disbursement For: General Disbursement For: Senate Primary General Disbursement For: Senate Primary General Disbursement For: Senate Primary General Disbursement For: General Disbursement For: Senate Primary General Disbursement For: Senate District: Transaction ID: D53504 Date of Disbursement ID: D53504 Date of Disbursement For: Senate Primary General Disbursement Tor: Senate District:	Full Name (Last, First, Middle Initial)					Т	ransac	tion ID	: D53	3502			
City State	American Express						ate of I	Disburs	emen		V V	V	
Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought:	Mailing Address PO Box 53852						0 8 1		1 7	/ L	200	7 '	
Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought:						Α.	mount	of Each	n Disb	ursen	nent this	Perio	od .
Carcel Card Processing Fee Candidate Name Office Sought:			85072-3852			- [3	10	\neg
Office Sought:							-				0.	10	_
Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 Transaction ID: D53503 Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: D53504 Date of Disbursement District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code AZ 85072-3852 Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ Amount of Each Disbursement Disbursement Office Primary General Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Disbursement For: Senate Primary General Other (specify) ▼				_									
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President Primary General Processing Express Mailing Address PO Box 53852 City State Zip Code AZ 85072-3852 Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID: D53503 Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Transaction ID: D53504 Date of Disbursement ID: D53504 Date of Disbursement Mailing Address PO Box 53852 City Purpose of Disbursement Credit Card Processing Fee Candidate Name Credit Card Processing Fee Candidate Name Disbursement For: Senate Primary General Primary	Senate President	Primary											
American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Phoenix Processing Fee Candidate Name City President State Zip Code Category/ Type Transaction ID: D53504 Date of Disbursement this Period Phoenix AZ 85072-3852 Amount of Each Disbursement this Period Category/ Type Transaction ID: D53504 Date of Disbursement Transaction ID: D53504 Date of Disbursement Office Sought: President State Zip Code AZ 85072-3852 Purpose of Disbursement Type Category/ Type Amount of Each Disbursement this Period Pate of Disbursement Office Sought: AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ Disbursement For: General Primary General Other (specify) ▼ Disbursement For: Senate Primary General Other (specify) ▼ Type Transaction ID: D53504 Date of Disbursement Office Sought: AZ 85072-3852 Amount of Each Disbursement Office Sought: Other (specify) ▼ Transaction ID: D53504 Date of Disbursement ID: D53504 Date of Disbursemen						-		tion ID	. DEC	2502			
Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Primary General Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State Zip Code AZ 85072-3852 City State Zip Code AZ 85072-3852 Code Phoenix AZ 85072-3852 Code Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Disbursement For: Senate Primary General Other (specify) ▼ State: District: Disbursements This Page (optional)							ate of [Disburs	emen				
Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General President AZ 85072-3852 Transaction ID: D53504 Date of Disbursement Office Sought: AZ 85072-3852 District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: District: AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President Other (specify) ▼ State: District: Primary General Other (specify) ▼ Type 7.23 DTAL This Period (last page this line number only)	Mailing Address PO Box 53852						0 ^M 8 M	/ D2	2 0	/ Y	žoŏ	7 Y	
Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought:						<i>P</i>	mount	of Each	n Disb	ursen	nent this	Perio	nd
Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Disbursement For: Senate Primary General Other (specify) ▼ State: District:		AZ	85072-3852			- [-	1	55	
Office Sought:										-	1.3	33	_
Office Sought: House Senate Primary General Other (specify) V State: District: Other (specify) V Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Other (specify) V State: District: Disbursement For: Gategory/ Type Other (specify) V State Tip Code AZ 85072-3852 Amount of Each Disbursement this Period Category/ Type Other (specify) V Type TABL of Disbursements This Page (optional)	Candidate Name			_	-								
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General President Other (specify) State: District: District: Transaction ID: D53504 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type 7.23	Senate President	Primary											
American Express Mailing Address PO Box 53852 City Phoenix AZ S5072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: District: District: District: AZ S5072-3852 Amount of Each Disbursement this Period Category/ Type Type 7.23													
City State Zip Code AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Tother (specify)	,						ate of I	Disburs	emen				
Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: District: Disbursement For: Senate Primary General Other (specify) ▼ TAL This Period (last page this line number only)	Mailing Address PO Box 53852						0 ^M 8 M	/ D2	2 4	/ Y	žoŏ	7 ^Y	
Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) President Other (specify) State: District: District: District: TAL This Period (last page this line number only)						A	mount	of Each	n Disb	ursen	nent this	Perio	d
Credit Card Processing Fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) President Other (specify) State: District: District: 7.23 TAL This Period (last page this line number only)		AZ	85072-3852			- [-	•		2	58	
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: District: District: 7.23							-			-	۷.	J0	_
Senate Primary General Other (specify) State: District: District: District: District: This Period (last page this line number only)	-			_	-								
IBTOTAL of Disbursements This Page (optional)	Senate President	Primary											
)								-	7.2	23	
	OTAL This Period (last page this line number only												
	AN026	· ""			-		FEC	Schedu	ıle B (Form	n 3X) (R	evise	d 02

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 170 / 210
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	vone)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	le and address of any political	COMMINICEE TO SOL	icit contributions from Such committee
American Academy of Family Physicians	Political Action Committee	е	
Full Name (Last, First, Middle Initial)			Transaction ID: D53505
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} $
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee			15.50
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D53506 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} $
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee			12.75
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: D53508
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}O\end{smallmatrix}^M & \begin{smallmatrix}I\\O\end{smallmatrix}O\end{smallmatrix}^I & \begin{smallmatrix}D\\O\end{smallmatrix}O\end{smallmatrix}^I & \begin{smallmatrix}Y\\I\end{smallmatrix}^Y & \begin{smallmatrix}Y\\O\end{smallmatrix}O\end{smallmatrix}^I & \begin{smallmatrix}Y\\O\end{smallmatrix}^I & O\end{smallmatrix}^I$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee			2.26
Candidate Name		Category/ Type	
Office Sought: House Disburs: Senate President	ement For: Primary General Other (specify)	. 160	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	30.51

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 171 / 210
TEMIZED DISBURSEMENTS	for each category of the	(check only		24
	Detailed Summary Page			28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Physicians F	Political Action Committe	e		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D53 Date of Disbursemen	nt
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$	2007
	State Zip Code AZ 85072-3852		Amount of Each Disb	oursement this Period
Purpose of Disbursement Credit Card Processing Fee		· · ·		2.26
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D54 Date of Disbursemen	
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$	2007
,	State Zip Code AZ 85072-3852		Amount of Each Disb	oursement this Period
Purpose of Disbursement Credit Card Processing Fee		-		11.32
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	71		
State: District:				
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D54 Date of Disbursemen	
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$	2007
	State Zip Code AZ 85072-3852		Amount of Each Disb	oursement this Period
Purpose of Disbursement Credit Card Processing Fee				4.85
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:				
SURTOTAL of Dishursements This Page (ontional)				18.43

В.

C.

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			OR LIN			R:			Р	AGE	172	/ 210	
ITEMIZED DISBURSEMENTS		category of the Summary Page		·	21b 27	Ĥ	22 28a		23 28b	F	24 280	F	25 29	П	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														s	
NAME OF COMMITTEE (In Full)															
American Academy of Family Physicians I	Political Ad	ction Committee	е												
Full Name (Last, First, Middle Initial)							Trans	act	on ID	: [D5451	0			
American Express							Date	of D	isburs	er	nent				
Mailing Address PO Box 53852							o ^M 9	М	/ D	2 !	5 /	Y 2	ž 0 ģ	7 ^Y	
City	State	Zip Code					Amou	nt o	f Each	 า [Disburs	emei	nt this	Perio	
Phoenix	AZ	85072-3852					-						-		
Purpose of Disbursement Credit Card Processing Fee				Ů			<u></u>	-				_	16.5	57	
Candidate Name					egory/ vpe										
Senate President	ement For: Primary Other (spe	General cify) ▼													
State: District:															
Full Name (Last, First, Middle Initial) American Express							Trans Date		isburs	er		1			
Mailing Address PO Box 53852							0 ^M 9	М	/ D	2 8	B /	Y	ž 0 ģ .	7 ^Y	
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Eacl	n [Disburs	emei	nt this	Perio	d
Purpose of Disbursement Credit Card Processing Fee							<u></u>	_					1.5	55	
Candidate Name					egory/ /pe										
Senate President	ement For: Primary Other (spe	General cify) ▼													
State: District:															
Full Name (Last, First, Middle Initial) American Express							Trans Date		isburs	er		3			
Mailing Address PO Box 53852							1 ^M 0	М	/ D)	D /	Y	ž 0 ģ .	7 ^Y	
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Eacl	n [Disburs	emei			d
Purpose of Disbursement				U	-								31.0	00	
Credit Card Processing Fees			L												
Candidate Name					egory/ vpe										
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General													
State: District:		<i>5,</i> ₹													
SUBTOTAL of Disbursements This Page (optional)					. •								49.1	2	

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBER:	PAGE 173 / 210				
TEMIZED DISBURSEMENTS	for each category of the	(ch	eck onl	y one)	24 25 26				
	Detailed Summary Page	_ ^	27	28a 28b	28c 29 30				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)									
American Academy of Family Physicians I	Political Action Committe	е							
Full Name (Last, First, Middle Initial) American Express				Transaction ID: D5 Date of Disburseme					
Mailing Address PO Box 53852				10 / 15	['] 2007				
City Phoenix	State Zip Code AZ 85072-3852			Amount of Each Dis	bursement this Period				
Purpose of Disbursement Credit Card Processing Fees					163.78				
Candidate Name		Catego							
Senate President	ement For: Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) American Express				Transaction ID: D5 Date of Disburseme	nt				
Mailing Address PO Box 53852				10 15	['] 2007				
City Phoenix	State Zip Code AZ 85072-3852			Amount of Each Dis	bursement this Period				
Purpose of Disbursement Credit Card Processing Fees		,			55.24				
Candidate Name		Catego	-						
Senate President	ement For: Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) American Express				Transaction ID: D5 Date of Disburseme	nt				
Mailing Address PO Box 53852				10 19	² 2007				
City Phoenix	State Zip Code AZ 85072-3852			Amount of Each Dis	bursement this Period				
Purpose of Disbursement Credit Card Processing Fees					61.54				
Candidate Name		Catego							
Office Sought: House Disburse Senate President	ement For: Primary	тур	5						
State: District:	(-p-o)/ \								
SUBTOTAL of Disbursements This Page (optional)					280.56				

В.

C.

SCHEDULE B (FEC Form 3X)	Use separa						₹:		PAGE 174/210					
ITEMIZED DISBURSEMENTS		tegory of the ummary Page	1.5	<u> </u>	1b [22		_	23 28b	F	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Acti	on Committee	Э											
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852						Da	ate o		sburs	em			í o ŏ 7	, ^Y
		Zip Code 85072-3852				Ar	mour	nt of	Each	n D	isburs	emer	t this I	Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name			Car	tegory	<i>I</i> /								18.1	4
	ment For: Primary Other (speci	General ▼		Гуре										
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852						Da		f Dis	sburs	_			0 ŏ 7	7 ^Y
City		Zip Code 85072-3852				Ar	mour	nt of	Each	n D	isburs	emer	nt this f	Period
Purpose of Disbursement Credit Card Processing Fees	<u> </u>	03072-3032											5.9	9
Candidate Name				tegory ype	/ /									
Senate President	ment For: Primary Other (speci	General ▼												
State: District: Full Name (Last, First, Middle Initial)						Tr	ansa	actio	on ID	: D	5584	1		
American Express Mailing Address PO Box 53852							ate o		sburs	em 3 0		Y	0 ŏ 7	, ^Y
		Zip Code 85072-3852				Ar	mour	nt of	Each	ı D	isburs	emer	t this I	Period
Purpose of Disbursement Credit Card processing Fees								_					8.5	7
Candidate Name				tegory Type	/ /	-								
Office Sought: House Disburse Senate President	ment For: Primary Other (speci	General fy) ▼												
State: District:								_		_				
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>	L		_					32.7	0

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			₹:			PA	GE	175 /	210	
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	-	Ä	22 28a		23 28b	П	24 28c	П	25 29	П	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														3	
NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	Political Ac	ction Committe	e												
Phoenix	State AZ	Zip Code 85072-3852					Transa Date o 1 2 Amour	f Di	sburs	eme	nt / Y	ž	0 0 7 t this F	Perio	d
Purpose of Disbursement Credit Card Processing Fee Candidate Name				ateç Typ	gory/ pe			-		•		•		•	
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Transa Date o	f Di	sburs	_			0 ŏ 7	7 ^Y	
City Phoenix	State AZ	Zip Code 85072-3852					Amour	nt of	Each	n Dis	burse	men	t this F	Perio	d
Purpose of Disbursement Credit Card Processing Fee Candidate Name	ement For: Primary Other (spe	General		ateç Typ	gory/ pe								1.0	9	
State: District:	Other (spe														
Full Name (Last, First, Middle Initial) American Express							Transa Date o	f Di	sburs	eme			V	Y	
Mailing Address PO Box 53852							1"1 "		(5		2	0 ŏ 7	7	
City Phoenix Purpose of Disbursement Bank Card Processing Fee Candidate Name	State AZ	Zip Code 85072-3852			gory/		Amour	nt of	Each	n Dis	burse	men	t this F	-	d
Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General ocify) ▼		Тур	oe										
SUBTOTAL of Disbursements This Page (optional)					<u> </u>				•				23.3	1	

C.

ago# 2000010000			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Action Committee	e	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D57038 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee		0 0	2.89
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	71	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D57039 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
,	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			6.05
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D57041 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement			28.41
Bank credit card processing fee			
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	· · · · · · ·		
SUBTOTAL of Disbursements This Page (optional) .		>	37.35

TOTAL This Period (last page this line number only)

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 177 / 210				
TEMIZED DISBURSEMENTS	for each category of the	(check only	one)] 22	24 25 26				
	Detailed Summary Page	27	28a 28b	28c 29 30				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name.								
NAME OF COMMITTEE (In Full)								
/ American Academy of Family Physicians	Political Action Committee							
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D5 Date of Disbursement					
Mailing Address PO Box 53852			12 24	2007				
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Dis	bursement this Period				
Purpose of Disbursement Credit card processing fee		•		18.39				
Candidate Name		Category/ Type						
Senate President	ement For: Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D5 Date of Disbursemen	nt				
Mailing Address PO Box 53852			12 M / 31	^Y 2007 ^Y				
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Dis	oursement this Period				
Purpose of Disbursement Credit card processing fee		•		3.10				
Candidate Name		Category/ Type						
Senate President	ement For: Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services			Transaction ID: D5 Date of Disbursemen	nt				
Mailing Address WA2-505-01-40 PO Box 2485			1 1 M / D D D	Y 2007				
City Spokane	State Zip Code WA 99210-2485		Amount of Each Dis	bursement this Period				
Purpose of Disbursement Bank card processing fee				588.49				
Candidate Name		Category/ Type						
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	. 7,6-5						
State: District:								
SUBTOTAL of Disbursements This Page (optional)				609.98				

В.

C.

R: PAGE 178/21	PAGE 178 / 210					
	7 26					
23 24 25 28b 28c 29	$\frac{1}{30b}^{26}$					
urpose of soliciting contributions	1000					
ributions from such committee						
saction ID: D56581 of Disbursement						
M / D B / Y 2 0 0 7						
unt of Each Disbursement this Peri	iod					
	-					
164.98						
saction ID: D55832						
of Disbursement						
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
unt of Each Disbursement this Per	iod					
	-					
255.62						
saction ID: D53497 of Disbursement						
M / D D / Y Y Y O O 7						
unt of Each Disbursement this Peri	iod					
356.63						
	-					
777.23	-					
	777.23 Schedule B (Form 3X) (Revise					

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)					NUMBI	ER:			PA	GE	179 /	210
ľ	TEMIZED DISBURSEMENTS	for each o	category of the Summary Page		X	eck only 21b 27	22 28a	F	23 28b	П	24 28c		25 29	26 30b
	ny Information copied from such Reports and Statem for commercial purposes, other than using the name													
	NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Ac	tion Committe	е										
∠ A .	Full Name (Last, First, Middle Initial) Bank Of America Merchant Services								ion ID	_		,		
	Mailing Address WA2-505-01-40 PO Box 2485						0 ^M 9	М	/ D	0 4	/	ž	0 ŏ 7	Y
	Spokane	State WA	Zip Code 99210-2485				Amo	unt c	f Each	n Disl	burse	-	t this F	-
	Purpose of Disbursement Bank Card Processing Fee						L.	^		-			240.7	J .
	Candidate Name Office Sought: House Disburse	ment For:			Type									
	Senate President	Primary Other (spe	General cify) ▼											
В.	State: District: Full Name (Last, First, Middle Initial) Bank Of America Merchant Services						Date	of D	ion ID isburs	emer	-	ļ		
	Mailing Address WA2-505-01-40 PO Box 2485						0 ^M 7	M	/ D	0 2	/ Y	ž	0 ŏ 7	Y
		State WA	Zip Code 99210-2485				Amo	unt c	f Each	n Disl	burse		t this F	-
	Purpose of Disbursement Bank Card Processing Fees						L.						350.5	3
	Candidate Name Office Sought: House Disburse	ment For:			atego Type	-								
	Senate President State: District:	Primary Other (spe	General cify) ▼											
С.	Full Name (Last, First, Middle Initial) Bank Of America Merchant Services						Date	of D	ion ID	emer				
	Mailing Address WA2-505-01-40 PO Box 2485						0 ^M 7	, M	/ D	1 1	′ L'	ž	0 ŏ 7	<u> </u>
	Spokane	State WA	Zip Code 99210-2485				Amo	unt c	f Each	n Disl	burse	ment	t this F	-
	Purpose of Disbursement Bank Card Processing Fees Candidate Name				atego Type		L.,					•	0.0	,
	Senate President	ment For: Primary Other (spe	General cify) ▼		- 71									
Γ	State: District:												04.0	,
	SUBTOTAL of Disbursements This Page (optional) .							•	•	-	-	5	91.2	5
L	TOTAL This Period (last page this line number only)					•		_						

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			FOR LINE			: NUMBER:				PA	PAGE 180 / 210				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			X	-	П	22 28a		23 28b		24 28c	F	25 29		26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														s		
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Ac	tion Committee	е													
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services							Transaction ID: D53428 Date of Disbursement O 7 M / D 3 D / Y Y Y O O 7									
Mailing Address WA2-505-01-40 PO Box 2485																
	State WA	Zip Code 99210-2485					Amou	nt o	f Each	ı D	isburse	emen	-		od	
Purpose of Disbursement Bank Fee- Items Deposited							L.				•		12.0	00		
Candidate Name					gory/ oe											
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼														
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services							Transaction ID: D53429 Date of Disbursement 0 7									
Mailing Address WA2-505-01-40 PO Box 2485							0 7	IVI		2	o ŏ	7				
,	State WA	Zip Code 99210-2485					Amou	nt o	f Each	ı D	isburse	emen			od	
Purpose of Disbursement Bank Fee- Returned Item							L.					-	5.0	00		
Candidate Name				te Γy	gory/ oe											
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼														
Full Name (Last, First, Middle Initial)											53437	7				
Bank Of America Merchant Services Mailing Address WA2-505-01-40							Date of 0 8	of D		em		´ ž	o ŏ	7 ^Y		
PO Box 2485	State	Zip Code					Amou	nt o	f Fach	ı D	isburse	men	t this	Perio	nd n	
	WA	99210-2485					741104		Laoi		.000.00	,,,,,	5.0			
Bank Fee- Returned Item												0	, , , , ,			
Candidate Name					gory/ oe											
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General Cify) ▼														
State: District:		•														
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>								22.0	0		

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 181 / 210
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 7 22	24
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	cana address of any pointed.			
American Academy of Family Physicians I	Political Action Committee	Э		
Full Name (Last, First, Middle Initial) Discover Network			Transaction ID: D	
			Date of Disburseme	2 0 0 7
Mailing Address P O Box 52145			07 03	2007
City Phoenix	State Zip Code AZ 85072-2145		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Credit Card Processing Fee		-		14.00
Candidate Name		Category/		
Office Sought: House Disburse	ement For:	Туре		
Senate President	Primary General Other (specify) ▼			
State: District:	cane. (epeciny)			
Full Name (Last, First, Middle Initial) Discover Network			Transaction ID: D	
			Date of Disbursement Date of Disbursement	
Mailing Address P O Box 52145			08 02	⁷ 2007 [°]
City Phoenix	State Zip Code AZ 85072-2145		Amount of Each Dis	sbursement this Period
Purpose of Disbursement	AZ 03072-2143			40.95
Credit Card Processing Fee Candidate Name		Catagory		
		Category/ Type		
Office Sought: House Disburse Senate	ement For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Discover Network			Transaction ID: Date of Disbursement	
Mailing Address P O Box 52145			09 / 05	Y 2007
	State Zip Code		Amount of Each Dis	sbursement this Period
Phoenix Purpose of Disbursement	AZ 85072-2145			25.89
Credit Card Processing Fee				
Candidate Name		Category/ Type		
	ement For:) I		
Senate President	Primary General Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		>		80.84

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 182/210
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	e and address of any political c	Ommittee to 30h	Cit contributions from such committee
American Academy of Family Physicians	Political Action Committee	•	
Full Name (Last, First, Middle Initial) Discover Network			Transaction ID: D55837 Date of Disbursement
Mailing Address P O Box 52145			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Phoenix	State Zip Code AZ 85072-2145		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees			18.95
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	.,,,,,	
State: District:	Cure (epeciny)		
Full Name (Last, First, Middle Initial) Discover Network			Transaction ID: D59801 Date of Disbursement
Mailing Address P O Box 52145			$\begin{bmatrix} 1 & 2 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 &$
City Phoenix	State Zip Code AZ 85072-2145		Amount of Each Disbursement this Period
Purpose of Disbursement	7.2 33072 21 10		0.85
Credit card processing fee Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: D57040
Discover Network			Date of Disbursement
Mailing Address P O Box 52145			$\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \ \ \begin{bmatrix} D & D \\ D & 2 \end{bmatrix} \ \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-2145		Amount of Each Disbursement this Period
Purpose of Disbursement Credit card processing fee			28.13
Candidate Name		Category/	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Туре	
State: District:	- · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional)			47.93

TOTAL This Period (last page this line number only)

2728.83

SCHEDIII F B (FFC Form 3Y)

Any Information copied from such Reports and State or for commercial purposes, other than using the reports and State of the COMMITTEE (In Full)	Detailed Summary Page	heck only one) 21b
or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	at a constant and a constant the analysis of the constant and the constant	
` '		
American Academy of Family Physician	ns Political Action Committee	
Full Name (Last, First, Middle Initial) COMMITTEE FOR A DEMOCRATIC M	AJORITY	Transaction ID: D54126 Date of Disbursement
Mailing Address 301 4th St. NE Suite 2 SUITE 202		0 9 M / D 2 4 / Y 2 0 0 7 Y
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Camkpaign contribution Candidate Name	Catego	2500.00
Office Sought: House Disbusion Senate President State: District:	Typursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGN Mailing Address 417 New Jersey Ave S	SE	Transaction ID: D53492 Date of Disbursement M 9 M / D 1 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20003-4007	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution Candidate Name Del. Donna M. Christensen	Categ	
	Typursement For: 2008 X Primary General Other (specify) ▼	<u>)e</u>
Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEN	OCRATIC NATIONAL COMMI	Transaction ID: D56627 Date of Disbursement
Mailing Address 430 S Capitol St SE		12 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20003-4024	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution Candidate Name	Categ Typ	
Office Sought: House Disbring Senate President State: District:	ursement For: Primary General Other (specify) ▼	
1	nal)	18500.00

IT	CHEDULE B (FEC Form 3	y Use se	parate schedule(s)		NUMBER: PAGE 184 / 210
	EMIZED DISBURSEMENT		h category of the d d Summary Page	(check only 21b 27	y one) 22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports a for commercial purposes, other than using				
\rangle	NAME OF COMMITTEE (In Full) American Academy of Family Phy	sicians Political /	Action Committe	e	
<u> </u>	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE				Transaction ID: D54619 Date of Disbursement
	Mailing Address 424 C St NE Basement Unit				111
	City Washington	State DC	Zip Code 20002-5818		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution				5000.00
	Candidate Name Office Sought: House	Disbursement For:		Category/ Type	
	Senate President	Primary	General pecify) ▼		
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: D54503
	National Republican Senatorial Co	ommittee 			Date of Disbursement 10 24 2007
	Mailing Address 425 2nd St NE City	State	Zip Code		
	Washington Purpose of Disbursement	DC	20002-4914		Amount of Each Disbursement this Period 5000.00
	Campaign contribution Candidate Name			Category/ Type	
				. , , , ,	
	Office Sought: House Senate President State: District:	Disbursement For: X Primary Other (sp	2008 General pecify) ▼		
	Senate President	X Primary Other (sp	General pecify) ▼		Transaction ID: D48230 Date of Disbursement
	Senate President State: District: Full Name (Last, First, Middle Initial)	X Primary Other (sp	General pecify) ▼		
	Senate President State: District: Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONG	X Primary Other (sp	General pecify) ▼		Date of Disbursement M 7 M / D 3 1 Y Y Y O Y 7 Y Amount of Each Disbursement this Period
	Senate President District: Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONG Mailing Address PO Box 12612 City San Antonio Purpose of Disbursement Campaign contribution	X Primary Other (sp	General pecify) MPAIGN Zip Code		Date of Disbursement O 7
	Senate President State: District: Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONG Mailing Address PO Box 12612 City San Antonio Purpose of Disbursement Campaign contribution Candidate Name Rep. Charles A. Gonzalez	X Primary Other (sp RESSIONAL CAN State TX	General pecify) MPAIGN Zip Code 78212-0612	Category/ Type	Date of Disbursement M 7 M / D 3 1 Y Y Y O Y 7 Y Amount of Each Disbursement this Period
	Senate President State: District: Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONG Mailing Address PO Box 12612 City San Antonio Purpose of Disbursement Campaign contribution Candidate Name	X Primary Other (sp RESSIONAL CAN State TX Disbursement For: X Primary	General pecify) MPAIGN Zip Code 78212-0612		Date of Disbursement M 7 M / D 3 1 Y 2 0 0 7 Y Amount of Each Disbursement this Period

Amount of Each Disbursement this Peric Category/ Type City Senate President State: MD District: 08 Shalling Address PO Box 14528 City Senate President State: ND Corp. State V Primary General President State: TX District: 23 City San Antonio TX 78214 Purpose of Disbursement Campaign Contribution Candidate Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS Mailing Address PO Box 14528 City State: MD District: 08 City State V Primary General Campaign Contribution Candidate Name Rep. Chris Van Hollen, Jr. City State: MD District: 08 Mailing Address PO Box 14528 City State V Primary General Campaign Contribution Candidate Name Rep. Chris, Van House Senate President Sen	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	_ ' — — — —
NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS Mailing Address 10537 St. Paul Street City Siste Zip Code MD 20895 Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS Mailing Address PO Box 14528 City San Antonio TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Rep. Chris Van Hollen, Jr. City Siste Zip Code MD 20895 Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS City San Antonio TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Rep. Chris Van Hollen, Jr. City Siste Zip Code TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Rep. Ciro D. Rodriguez Office Sought: X House President State: TX District: 23 Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS City San Antonio TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Rep. David Robey Office Sought: X House President State: TX District: 23 Full Name (Last, First, Middle Initial) CIRO Security Visual Primary Category/ Type Office Sought: X House President City Visual Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House President Visual Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House President Visual Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House President Visual Purpose of Disbursement Visual Purpose of Disbu		Detailed Summary Page	27	28a 28b 28c 29
American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS Malling Address 10537 St. Paul Street City Kensington MD 20895 Purpose of Disbursement Carnejding contribution Candidate Name Rep. Cito D. RODRIGUEZ FOR CONGRESS Malling Address PO Box 14528 City State: MD District: 08 Full Name (Last, First, Middle Initial) Carnejagin contribution Candidate Name Rep. Citor D. Rodriguez Office Sought: X House Senate President State: MD District: 2008 X Primary General City State Zip Code TX 78214 Amount of Each Disbursement Category/ Type Amount of Each Disbursement 1 10 1 2 2 3 1 2 2 0 0 7 Amount of Each Disbursement Category/ Type Amount of Each Disbursement Category/ Type Amount of Each Disbursement this Peric Category/ Type Category/ Type Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement Category/ Type Amount of Each Disbursement Category/ Type Category/ Type Amount of Each Disbursement Category/ Type C				
Mailing Address 10537 St. Paul Street City Sensington State Zip Code MD 20895 Purpose of Disbursement Campaign contribution Candidate Name President Senate President Other (specify) ▼ State: MD District: 08 Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS Mailing Address PO Box 14528 City San Antonio TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Category/ Type City San Antonio TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Category/ Type Office Sought: X House Disbursement For: 2008 Senate President State: TX District: 23 City San Antonio TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Category/ Type Office Sought: X House Disbursement For: 2008 Senate President Other (specify) ▼ Mailing Address 525 WASHINGTON ST City WAUSAU WI 54402 Purpose of Disbursement Campaign contribution Candidate Name Category/ Type Amount of Each Disbursement In Transaction ID: D56018 Date of Disbursement Transaction ID: D56018 Date of Disbursement In Transaction ID: D56018	NAME OF COMMITTEE (In Full)			
Amount of Each Disbursement this Perisonal Category/ Type Transaction ID: D54447 District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address Amount of Each Disbursement this Peric Amount of Each Disbursement t	•			Date of Disbursement
Rensington Rensington Rensington Rensington Cardidate Name Rep. Chris Van Hollen, Jr. Office Sought: Sanate President State: MD District: 08 Full Name (Last, First, Middle Initial) Cardidate Name Rep. Chris Van Hollen State: TX District: 23 Full Name (Last, First, Middle Initial) Cardidate Name Rep. Cirb Rep. Cirb Senate President State: TX District: 23 Full Name (Last, First, Middle Initial) Cardidate Name Rep. Cirb Rep. Cirb Mailing Address Senate President State: TX District: 23 Full Name (Last, First, Middle Initial) Cardidate Name Rep. Cirb Rep. Cirb Mailing Address Senate President State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address Senate President Category/ Type Transaction ID: D54447 Date of Disbursement this Peric Category/ Type Transaction ID: D56018 Date of Disbursement Transaction ID: D56018 Date of Disbursement Transaction ID: D56018 Date of Disbursement Amount of Each Disbursement Transaction ID: D56018 Date of Disbursement Category/ Type Amount of Each Disbursement Transaction ID: D56018 Date of Disbursement Transaction ID: D56018 Date of Disbursement Transaction ID: D56018 Amount of Each Disbursement Transaction ID: D56018 Date of Disbursement Transaction ID: D56018 Amount of Each Disbursement this Peric Category/ Type Transaction ID: D56018 Amount of Each Disbursement this Peric Category/ Type Transaction ID: D56018 Amount of Each Disbursement this Peric Category/ Type Transaction ID: D56018 Amount of Each Disbursement this Peric Category/ Type Transaction ID: D56018 Amount of Each Disbursement this Peric Category/ Type Transaction ID: D56018 Date of Disbursement Transaction ID: D56018 Amount of Each Disbursement Transaction ID: D56018 Amount of Each Disbursement Transaction ID: D56018 Date of Disbursement Transaction ID: D56018 Amount of Each Disbursement Transaction ID: D56018 Amount of Each Disbursement Transaction ID: D56018 Amount of Each Disburse	Mailing Address 10537 St. Paul Street			09 11 1 2 007
Campaign contribution Candidate Name Rep. Chris Van Hollen, Jr. Office Sought:				Amount of Each Disbursement this Period
Rep. Chris Van Hollen, Jr. Office Sought:				2000.00
Senate President State: MD District: 08 Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS Mailing Address PO Box 14528 Transaction ID: D54447 Date of Disbursement Mailing Address PO Box 14528 Amount of Each Disbursement this Peric Category/ Type Office Sought: X House President State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address Sonate Wil 54402 Purpose of Disbursement Candidate Name Rep. David R. Obey Office Sought: X House State Tip Code WAUSAU Wil 54402 Purpose of Disbursement Candidate Name Rep. David R. Obey Office Sought: X House Wil 54402 Purpose of Disbursement Candidate Name Rep. David R. Obey Office Sought: X House Wil 54402 Disbursement For: 2008 Category/ Type Category/ Type Amount of Each Disbursement this Peric State Tip Code WAUSAU Wil 54402 Purpose of Disbursement Candidate Name Rep. David R. Obey Office Sought: X House Senate President Disbursement For: 2008 Category/ Type Other (specify) ▼				
Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS Mailing Address PO Box 14528 City State Zip Code San Antonio TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Rep. Ciro D. Rodriguez District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Other (specify) Value (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY City State Zip Code WAUSAU State Zip Code WI 54402 Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House State Zip Code WI 54402 Purpose of Disbursement Category/ Type Amount of Each Disbursement this Peric Transaction ID: D56018 Date of Disbursement 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Senate X	Primary General		
CIRO D. RODRIGUEZ FOR CONGRESS Mailing Address PO Box 14528 City State Zip Code TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Rep. Ciro D. Rodriguez Office Sought: X House Senate President State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address 525 WASHINGTON ST City State Zip Code WI 54402 Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate Zip Code WI 54402 Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate Zip Code WI 54402 Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President Senate Zip Code Senate Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President Other (specify) ▼ Other (specify) ▼ Category/ Type				
City State Zip Code TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Rep. Ciro D. Rodriguez Office Sought: X House Senate President State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailling Address 525 WASHINGTON ST City State Zip Code WI 54402 Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House State Zip Code WI 54402 Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President Q Other (specify) ▼ Office Sought: X House Senate President Q Other (specify) ▼ Office Sought: X House Senate President Q Other (specify) ▼ Office Sought: X House Senate President Q Other (specify) ▼ Office Sought: X House Senate President Q Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Period Seneral Q Other (specify) ▼ Office Sought: X House Senate President Q Other (specify) ▼	,			Date of Disbursement
San Antonio TX 78214 Purpose of Disbursement Campaign contribution Candidate Name Rep. Ciro D. Rodriguez Office Sought: X House Senate President State: TX District: 23 Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address 525 WASHINGTON ST City State Zip Code WAUSAU WI 54402 Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President State Vigorous General Disbursement For: 2008 X Primary General Disbursement Category/ Type Category/ Type Category/ Type Office Sought: X House Senate President Other (specify) ▼ Amount of Each Disbursement this Pericular State Senate President Other (specify) ▼ Other (specify) ▼ Category/ Type	Mailing Address PO Box 14528			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\1&0&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D\\2&3\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&7\end{smallmatrix}$
Campaign contribution Candidate Name Rep. Ciro D. Rodriguez Office Sought:	•			Amount of Each Disbursement this Period
Candidate Name Rep. Ciro D. Rodriguez Office Sought:				2500.00
Office Sought:	Candidate Name			
Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY Mailing Address 525 WASHINGTON ST City State Zip Code WAUSAU WI 54402 Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President Disbursement For: 2008 Senate President Other (specify) Other (specify) Other (specify)	Senate X President	Primary General	71	
Mailing Address 525 WASHINGTON ST City State Zip Code WAUSAU Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial)			
WAUSAU Purpose of Disbursement Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify) Other (specify)	Mailing Address 525 WASHINGTON ST			$\begin{bmatrix}\begin{smallmatrix}M\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}\begin{smallmatrix}M\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}\begin{smallmatrix}D\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}\begin{smallmatrix}D\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}\begin{smallmatrix}X\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}\begin{smallmatrix}X\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\\1\\1\\1\\1\end{smallmatrix}\end{bmatrix}, \begin{bmatrix}X_1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\1\\$
Campaign contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify)				Amount of Each Disbursement this Perio
Rep. David R. Obey Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify) ▼			•	2500.00
Senate X Primary General President Other (specify) ▼				
	Senate X	Primary General	•	
	State: WI District: 07			

SCHEDULE B (FEC Form	Use separate scried	JIE(S) /_bi	E NUMBER: PAGE 186 / 210
TEMIZED DISBURSEMEN		the age (Check of	22 X 23 24 25
		27	28a 28b 28c 29
			n for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full)			
American Academy of Family P	hysicians Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			Transaction ID: D48228
REHBERG FOR CONGRESS			Date of Disbursement
Mailing Address P.O. Box 1597	,		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Helena	State Zip Code MT 59624		Amount of Each Disbursement this Period
Purpose of Disbursement	WII 33024		1000.00
Campaign contribution			
Candidate Name Rep. Dennis Rehberg		Category/ Type	
Office Sought: X House	Disbursement For: 2008		
Senate President	X Primary Gen Other (specify) ▼	eral	
State: MT District: 00	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: D54066
EARL POMEROY FOR CONGR	RESS		Date of Disbursement
Mailing Address PO Box 75214			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20013-0	1211	Amount of Each Disbursement this Perio
Purpose of Disbursement	DO 20010-0	1	3000.00
Campaign contribution			
Candidate Name Rep. Earl Pomeroy		Category/ Type	
Office Sought: X House	Disbursement For: 2008		
Senate President	X Primary Gen Other (specify)	eral	
State: ND District: 00	Other (specify)		
Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS	1		Transaction ID: D48233 Date of Disbursement
			0 7 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 462 California			07 31 2007
City Bronxville	State Zip Code NY 10708		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution			2000.00
Candidate Name Rep. Eliot Engel		Category/ Type	
ı	Disbursement For: 2008		_
Office Sought: X House			
Senate	X Primary Gen	eral	
Senate President		eral	
Senate	X Primary Gen	eral	6000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER:		P	AGE	187 /	210
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check of 21b 27	nly one) 22 X 23 28a 28		24 28c	F	25 29	26
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			n for the purpose of	of solic	iting c			3
NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action Committee							
Full Name (Last, First, Middle Initial) HARRY MITCHELL FOR CONGRESS			Transaction Date of Disb			6		
Mailing Address PO Box 23748			10 /	^D 2 3	′ [^Y 2	0 ŏ 7	, ^Y
City Tempe	State Zip Code AZ 85285		Amount of E	ach Dis	sburse	-		
Purpose of Disbursement Campaign contribution			L			2	500.0	0
Candidate Name Rep. Harry E. Mitchell		Category/ Type						
9 1	ement For: 2008 Primary General Other (specify)							
Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE			Transaction Date of Disb		•	0		
Mailing Address PO BOX 1776			10 /	^D 2 3	/ [^Y 2	0 ŏ 7	, ^Y
City FREEDOM								
Purpose of Disbursement Campaign contribution Candidate Name		Category/	L			2	500.0	0
Rep. Jason Altmire		Type						
X X	ement For: 2008 Primary General Other (specify)							
Full Name (Last, First, Middle Initial) JIM RAMSTAD VOLUNTEER COMMITTE	E		Transaction Date of Disb		_	9		
Mailing Address 1809 Plymouth Road So	outh #310		07 /	^D 3 1] ′ [^Y 2	0 ŏ 7	, ^Y
City Minnetonka	State Zip Code MN 55305		Amount of E	ach Dis	sburse			
Purpose of Disbursement Campaign contribution			L		•	2	500.0	0
Candidate Name Rep. Jim Ramstad		Category/ Type						
9 1	ement For: 2008 Primary General Other (specify)							
SUBTOTAL of Disbursements This Page (optional)		>				75	500.0	0
TOTAL This Period (last page this line number only)							
6AN026			FEC Sche	edule E	3 (Fo	rm 3)	(Re	vised 0

IT	•	Use sepa	rate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only	7 one) 22
	/ Information copied from such Reports and Si or commercial purposes, other than using the				
\rangle	NAME OF COMMITTEE (In Full) American Academy of Family Physicia				
	Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS				Transaction ID: D54444 Date of Disbursement
	Mailing Address PO Box 274				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Hopewell Junction	State NY	Zip Code 12533		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution Candidate Name			Category/	2500.00
	Rep. John Hall	oursement For:	2008	Type	
	Senate President State: NY District: 19	X Primary Other (spe	General cify) ▼		
	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS				Transaction ID: D48232 Date of Disbursement
	Mailing Address PO Box 5458				$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}7^M\end{smallmatrix} \ \ \ \ \ \begin{bmatrix}\begin{smallmatrix}D\\3\end{smallmatrix}1\end{smallmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	City Springfield	State IL	Zip Code 62705		Amount of Each Disbursement this Period
					1000.00
	Purpose of Disbursement Campaign contribution				
	Campaign contribution Candidate Name Rep. John M. Shimkus			Category/ Type	
	Campaign contribution Candidate Name Rep. John M. Shimkus Office Sought: X House Dist Senate President	oursement For: X Primary Other (spe	2008 General		
	Campaign contribution Candidate Name Rep. John M. Shimkus Office Sought: X House Dist	X Primary	General		Transaction ID: D54443 Date of Disbursement
	Campaign contribution Candidate Name Rep. John M. Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial)	X Primary	General		
	Campaign contribution Candidate Name Rep. John M. Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS	X Primary	General		Date of Disbursement M M M / D D D / Y Y Y O Y O T Amount of Each Disbursement this Period
	Campaign contribution Candidate Name Rep. John M. Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS Mailing Address P.O. Box 1279 City Hudson Purpose of Disbursement Campaign contribution	X Primary Other (spe	General cify) ▼ Zip Code	Туре	Date of Disbursement
	Campaign contribution Candidate Name Rep. John M. Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS Mailing Address P.O. Box 1279 City Hudson Purpose of Disbursement Campaign contribution Candidate Name Rep. Kirsten Gillibrand	X Primary Other (spe	General cify) ▼ Zip Code 12534		Date of Disbursement M M M / D D D / Y Y Y O Y O T Amount of Each Disbursement this Period
	Campaign contribution Candidate Name Rep. John M. Shimkus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS Mailing Address P.O. Box 1279 City Hudson Purpose of Disbursement Campaign contribution Candidate Name Rep. Kirsten Gillibrand	X Primary Other (spe	General cify) ▼ Zip Code 12534 2008 General	Type Category/	Date of Disbursement M M M / D D D / Y Y Y O O O O Amount of Each Disbursement this Period

		Use separate schedule(s))K LINE neck only							,	210
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	Х	23 28b		24 28c		25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) American Academy of Family Physicians	e and address of any politica	l com										
	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS					Trans Date		isburs	eme)		
	Mailing Address 1157 San Bernard					0 ^M 9	М	/ D	1 1	/ Y	ž	0 ŏ 7	, ^Y
	City Austin	State Zip Code TX 78702				Amou	ınt o	f Eacl	n Dis	burse	-	t this F	-
	Purpose of Disbursement Campaign contribution Candidate Name		Ca	ateg	ory/						25	500.0	0
		ement For: 2008 Primary General Other (specify)	<u> </u>	Тур	е								
	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS Mailing Address PO Box 23940					Trans Date		isburs	_			0 ŏ 7	, Y
	City Santa Barbara Purpose of Disbursement	State Zip Code CA 93121			•	Amou	int o	f Eacl	n Dis	burse		t this F	
	Campaign contribution Candidate Name Rep. Lois Capps			ateg	ory/								
		ement For: 2008 Primary General Other (specify)		-,-									
	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRES	S INC.				Trans Date	of D	isburs	eme				
	Mailing Address PO Box 682185					1 ^M 0	М	/ L 2	23	/ L	ž	0 ŏ 7	·
	City Franklin	State Zip Code TN 37068				Amou	ınt o	f Eacl	n Dis	burse	-	t this F	
	Purpose of Disbursement Campaign contribution Candidate Name			otos	on/	<u>L.</u>					20	0.00	U
	Rep. Marsha Blackburn	2000		ateg Typ	ory/ e								
	X III	ement For: 2008 Primary General Other (specify)											
Г	UBTOTAL of Disbursements This Page (optional)				•				•		60	00.00	0

		O (FEC FOIIII	•		arate schedule(s)			eck onl	NUMBE	n.		L	PAGE	190 /	210
		SBURSEMEN	_	Detailed:	category of the Summary Page		À	21b 27	22 28a	П	23 28b	24 28	3c	25 29	
		ed from such Reports poses, other than usi													i
\	NAME OF COMM American Acad	MITTEE (In Full) demy of Family Ph	ysicians P	olitical Ad	ction Committe	e									
	,	First, Middle Initial) N FOR CONGRE	SS							of Dis	sburse	D544 ement			
	Mailing Address	POST OFFICE	BOX 3068	3					1 ^M 0	M /	^D 2	2 3 /	YZ	2 0 ŏ 7	, Y
	City BARRINGTON	l		State IL	Zip Code 60010				Amou	ınt of	Each	Disbu	rsemer	nt this F	Perio
	Purpose of Disbu Campaign contrib					Г							2	500.0	0
	Candidate Name Rep. Melissa L	. Bean					atego Type	-							
	Office Sought:	X House Senate President	Disburser X	ment For: Primary Other (spe	2008 General										
	State: IL Full Name (Last, I ARCURI FOR	District: 08 First, Middle Initial) CONGRESS										D544	41		
	Mailing Address	P.O. Box 8508							1 ^M 0	M /	^D 2	3	Y 2	2 0 ŏ 7	, Y
	City Utica			State NY	Zip Code 13505				Amou	ınt of	Each	Disbu	rsemer	nt this F	Perio
	Purpose of Disbu Campaign contrib						•		L.				2	500.0	0
	Candidate Name Rep. Michael A	Arcuri					atego Typo	-							
	Office Sought: State: NY	X House Senate President District: 24	Disburser	ment For: Primary Other (spe	2008 General										
	Full Name (Last, I ARCURI FOR	First, Middle Initial) CONGRESS							Date	of Dis	sburse	D476 ement			
	Mailing Address	P.O. Box 8508							0 ^M 7	M /	ီ0	2 /	¥ 2	2 0 ŏ 7	· *
	City Utica			State NY	Zip Code 13505				Amou	ınt of	Each	Disbu	rsemer	nt this F	Perio
	Purpose of Disbu Campaign Contrib Candidate Name								L.				1	000.0	0
	Rep. Michael A		1				atego Type								
	Office Sought: State: NY	X House Senate President District: 24	Disburser X	ment For: Primary Other (spe	2008 General										
		- -	1							_					_

		Use separate schedule(s	FOR LINE NUMBER: PAGE 191 / 210 (check only one)
	EMIZED DISBURSEMENT	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
or f			ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee
	American Academy of Family Phys	sicians Political Action Committ	tee
	Full Name (Last, First, Middle Initial) MIKE HONDA FOR CONGRESS		Transaction ID: D54620 Date of Disbursement 1 1 0 6 7 2 0 7
	Mailing Address 625 3rd St NE Apt 2	7.0	
	City Washington	State Zip Code DC 20002-4942	
	Purpose of Disbursement Campaign contribution		1000.00
	Candidate Name Rep. Michael M. Honda		Category/ Type
	Office Sought: X House Senate President	Disbursement For: 2008 X Primary General Other (specify) ▼	
	State: CA District: 15 Full Name (Last, First, Middle Initial) FRIENDS OF PATRICK J. KENNE	DY INC.	Transaction ID: D53491 Date of Disbursement
	Mailing Address P.O. Box 321 Ste 201		$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & 1 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City Pawtucket	State Zip Code RI 02860	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution		2000.00
	Candidate Name Rep. Patrick J. Kennedy		Category/ Type
	Office Sought: X House Senate President State: RI District: 01	Disbursement For: 2008 X Primary General Other (specify) ▼	
	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS		Transaction ID: D54063 Date of Disbursement
	Mailing Address 2021 E Dublin G Ste 2000	ranville Road	09 18 7 2007
	City Columbus	State Zip Code OH 43229	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution		2000.00
	Candidate Name Rep. Patrick J. Tiberi		Category/ Type
			·
	Office Sought: X House Senate President State: OH District: 12	Disbursement For: 2008 X Primary General Other (specify)	

		3 (FEC Form	-		rate schedule(s)				NUMB	ER:		L	AGE	192 /	210
ITE	EMIZED DIS	SBURSEMEN	TS	for each o	category of the Summary Page		<u>`</u> 2	1b 7	y one) 22 28a		23 28b	24 28		25 29	
		ed from such Reports poses, other than usi													
· \	NAME OF COMM American Acad	MITTEE (In Full) demy of Family Ph	ysicians Po	olitical Ac	tion Committe	е									
	Full Name (Last, I BERKLEY FOR	First, Middle Initial)							1	saction of Dis		D546	18		
	Mailing Address	PO Box 636							1 1	M /	^D 0	6 /	ÝŽ	0 ŏ 7	, Y
	City Annandale			tate /A	Zip Code 22003-0636				Amo	unt of	Each	Disbur			-
	Purpose of Disbu Campaign contrib								L			_	1	000.0	0
	Candidate Name Rep. Shelley B						tegor ype	y /							
	Office Sought:	X House Senate President		nent For: Primary Other (spe	2008 General cify) ▼										
	State: NV Full Name (Last,	District: 01 First, Middle Initial)							Tran	sactio	n ID:	D540			
	Stephanie for S	South Dakota								of Dis	sburse	ement		/ · · · ·	V
	Mailing Address	PO Box 75214							0 9)	1	8 /	2	0 ŏ 7	
	City Washington			tate OC	Zip Code 20013-0214				Amo	unt of	Each	Disbur	semer	nt this F	Perio
	Purpose of Disbu Campaign contrib								L			_	1	000.0	0
	Candidate Name Rep. Stephanie	e Herseth					tegor ype	y /							
	Office Sought: State: SD	X House Senate President District: 00		nent For: Primary Other (spe	2008 General cify) ▼										
		First, Middle Initial)								saction of Dis		D544	45		
	Mailing Address	100 WEST LAV	WRENCE S	STREET					1 ^M C) M /	^D 2	3 /	Ý	0 ŏ 7	, Y
	City APPLETON			tate VI	Zip Code 54911				Amo	unt of	Each	Disbur	semer	nt this F	Perio
	Purpose of Disbu Campaign contrib				_								2	500.0	0
	Candidate Name Rep. Steve Kaç	gen					tegor ype	y /							
	Office Sought: State: WI	X House Senate President District: 08	1	nent For: Primary Other (spe	2008 General cify)										
		00							I						

		Use separate schedule(s	5)		PR LINE reck only						GE 1	10071	210
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\square	24 28c	$ldsymbol{\sqcup}$	25 29	26
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Academy of Family Physicians	e and address of any politica	al com										
\mathbb{L}													
-	Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS Mailing Address PO Box 24551							sburs	_		ž o) ŏ 7	Y
	City	State Zip Code				Amou	ınt of	f Each	n Disb	ursen	nent t	this Pe	eriod
	Pttsburgh	PA 15234				_	-	-		-			-
	Purpose of Disbursement Campaign contribution Candidate Name		Ca	ateg	ory/						150	00.00	
	X	ement For: 2008 Primary General Other (specify)		Тур									
	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMI Mailing Address 714 N WOOSTER AVEN							sburs	_	_	ž o) ŏ 7	Y
	City DOVER	State Zip Code OH 44622				Amou	int of	f Each	n Disb	ursen			
	Purpose of Disbursement Campaign contribution Candidate Name			ateg	-			•			250	00.00	
	9 1	ement For: 2008 Primary General Other (specify)		Тур	е								
	Full Name (Last, First, Middle Initial) Republican National Committee					Trans Date	of Di	sburs	emen				
	Mailing Address 310 1st St SE					1 ^M 2	M	/ D	1 4	/ Y	ž 0	ŏ7	Y
	City Washington	State Zip Code DC 20003-1885	<u> </u>			Amou	int of	f Each	n Disb	ursen	nent t	this P	eriod
	Purpose of Disbursement Campaign contribution Candidate Name				2001						1500	00.00	
	Candidate Name			ateg Type									
	Office Sought: House Disburse	ement For: Primary General											
	Senate President State: District:	Other (specify)											

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. 21	SCHEDOLE B (I LC I OIIII 3X)	Use separate schedule(s		INE NUMBER only one)	1.	PAGE	194 /	210
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER Mailing Address 3602 PRESTON COURT CARRIAGE HOUSE City CHASE Purpose of Disbursement Campaign contribution Candidate Name Sen. Arlen Specter Office Sought: House Disbursement For: 2010 President Disbursement Disburse	ITEMIZED DISBURSEMENTS		21l 27	22 28a	28b	28c	29	20
CITIZENS FOR ARLEN SPECTER Mailing Address 3502 PRESTON COURT CARRIAGE HOUSE City CHEVY CHASE MD 20815 Purpose of Disbursement Campaign contribution Candidate Name Sen. Arlen Specter Office Sought: House President State: PA District: 00 Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 19163 City LAS VEGAS NV 89132 Purpose of Disbursement Campaign contribution Candidate Name Sen. Harry Reid Office Sought: House Disbursement For: 2010 LAS VEGAS NV 89132 Purpose of Disbursement Campaign contribution Candidate Name Sen. Harry Reid Office Sought: House Disbursement For: 2008 X Primary General President State: NV District: 00 Full Name (Last, First, Middle Initial) REED COMMITTEE Mailing Address PO BOX 8628 City CRANSTON RI 02920 Purpose of Disbursement Campaign contribution Candidate Name State: NV District: 00 Full Name (Last, First, Middle Initial) REED COMMITTEE Mailing Address PO BOX 8628 City CRANSTON RI 02920 Purpose of Disbursement Campaign contribution Candidate Name Sen. Harry Reid Other (specify) ▼ Category/ Type Amount of Each Disbursement Tity Po 6 1	or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	ame and address of any politica	l committee to					
CITIZENS FOR ARLEN SPECTER Mailing Address 3502 PRESTON COURT CARRIAGE HOUSE City CHEVY CHASE MD 20815 Purpose of Disbursement Campaign contribution Candidate Name Sen. Arlen Specter Office Sought: House Disbursement For: 2010 Full Name (Last, First, Middle Initia) FRIENDS FOR HARRY REID Mailing Address PO BOX 19163 City LAS VEGAS NV 89132 Purpose of Disbursement Campaign contribution Candidate Name Sen. Harry Reid Office Sought: House Disbursement For: 2008 X Primary General President State: NV District: 00 Full Name (Last, First, Middle Initia) REED COMMITTEE Mailing Address PO BOX 8628 City CRANSTON RI O'S 24 City Cranscotton ID: D54502 Date of Disbursement this Peric Category/ Type Amount of Each Disbursement Intition Peric Category/ Type Transaction ID: D54502 Date of Disbursement Transaction ID: D54502 Date of Disbursement this Peric Category/ Type Transaction ID: D54623 Date of Disbursement Transaction ID: D54623 Date of Di	/							
City CHASE State Zip Code CHEVY CHASE MD Zo815 Purpose of Disbursement Canapiagn contribution Candidate Name Sen. Arlen Specter City State Zip Code Canapiagn contribution Candidate Name Sen. Harry Reid Office Sought: House V Senate President Sitate: PA District: 00 Full Name (Last, First, Middle Initial) FRIEDDS FOR HARRY REID Mailing Address PO BOX 19163 City State Zip Code Candidate Name Sen. Harry Reid Office Sought: NV 89132 Purpose of Disbursement Canapiagn contribution Candidate Name Sen. Harry Reid Office Sought: No District: 00 Full Name (Last, First, Middle Initial) REED COMMITTEE Mailing Address PO BOX 8628 City State Zip Code X Primary General Canadidate Name Sen. Harry Reid Other (specify) ▼ Transaction ID: D54502 Date of Disbursement this Peric Category/ Type Transaction ID: D54502 Date of Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Transaction ID: D54623 Date of Disbursement Transaction ID: D54623 Date of Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Category/ Type Office Sought: No Disbursement Di	,			Date of	f Disbursem	ent	YYY	Y
CHEVY CHASE Purpose of Disbursement Campaign contribution Candidate Name Sen. Arlen Specter Office Sought: House X Senate President State: PA District: 00 Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 19163 City Senate Purpose of Disbursement For: 2010 Candidate Name Sen. Harry Reid Office Sought: House X Senate President NV 89132 Transaction ID: D54502 Date of Disbursement Mailing Address PO BOX 19163 Transaction ID: D54502 Date of Disbursement Mailing Address PO BOX 19163 Transaction ID: D54502 Date of Disbursement this Peric Category/ Type Office Sought: House X Senate President State: NV B9132 Full Name (Last, First, Middle Initial) REED COMMITTEE Mailing Address PO BOX 8628 City CRANSTON Ri 02920 Purpose of Disbursement Campaign contribution Candidate Name Sen. Harry Reid Other (specify) ▼ Transaction ID: D54502 Date of Disbursement this Peric Transaction ID: D54623 Date of Disbursement Mi 1 ii		RT		0 7	3 1	2	2007	
Campaign contribution Candidate Name Sen. Arlen Specter Office Sought: House Senate Peresident State: PA District: 00 Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 19163 City Senate President State: NV B9132 City Senate President Sen. House NV B9132 Category/ Type Transaction ID: D54502 Date of Disbursement Amount of Each Disbursement this Peric Category/ Type Transaction ID: D54502 Date of Disbursement Category/ Type Amount of Each Disbursement this Peric Category/ Type Transaction ID: D54502 Date of Disbursement Category/ Type Transaction ID: D54623 Date of Disbursement this Peric Category/ Type Transaction ID: D54623 Date of Disbursement Category/ Type Transaction ID: D54623 Date of Disbursement Category/ Type Transaction ID: D54623 Date of Disbursement Transaction ID: D54623 Date of Disbursement Category/ Type Condicate Name Sen. Jack Reed Office Sought: House President President Primary General President Presid				Amour	nt of Each Di	isbursemer	nt this P	eriod
Sen. Arlen Specter Office Sought:	Campaign contribution		0]		1	000.00)
State: PA	Sen. Arlen Specter							
Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 19163 City LAS VEGAS Purpose of Disbursement Campaign contribution Candidate Name Sen. Harry Reid Office Sought: Mailing Address Po BOX 19163 Transaction ID: D54502 Date of Disbursement Mo M / P24 / Y2007 Amount of Each Disbursement this Peric Category/ Type Category/ Type Transaction ID: D54623 Date of Disbursement this Peric Category/ Type Transaction ID: D54623 Date of Disbursement Transaction ID: D54623 Date of Disbursement Transaction ID: D54623 Date of Disbursement Mailing Address PO BOX 8628 City CRANSTON State Ri 02920 Purpose of Disbursement Campaign contribution Candidate Name Sen. Jack Reed Office Sought: House X Primary General Category/ Type Office Sought: House X Primary General Other (specify) Other (specify) Category/ Type Office Sought: Office Sought: Amount of Each Disbursement this Peric Category/ Type Office Sought: Office Sought: X Senate President Other (specify) Other (specify) Other (specify)	X Senate President	X Primary General						
City State Zip Code NV 89132 Purpose of Disbursement Campaign contribution Candidate Name Sen. Harry Reid Office Sought: House President State: NV District: 00 Full Name (Last, First, Middle Initial) REED COMMITTEE Mailing Address PO BOX 8628 City State Zip Code CRANSTON RI 02920 Purpose of Disbursement Campaign contribution Candidate Name Sen. Jack Reed Office Sought: House State Zip Code CRANSTON RI 02920 Purpose of Disbursement Campaign contribution Candidate Name Sen. Jack Reed Office Sought: House No Senate President Senate President Other (specify) ▼ Amount of Each Disbursement this Perion Category/ Type Amount of Each Disbursement this Perion Category/ Type Amount of Each Disbursement this Perion Category/ Type Office Sought: House No Senate President Other (specify) ▼	Full Name (Last, First, Middle Initial)			Date of	f Disbursem	ent	Y	Y
LÁS VEGAS Purpose of Disbursement Campaign contribution Candidate Name Sen. Harry Reid Office Sought: I House President State: NV District: 00 Full Name (Last, First, Middle Initial) REED COMMITTEE Mailing Address PO BOX 8628 Transaction ID: D54623 Date of Disbursement Mailing Address PO BOX 8628 Transaction ID: D54623 Date of Disbursement Mailing Address PO BOX 8628 Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Office Sought: House X Primary General Other (specify) Transaction ID: D54623 Date of Disbursement Category/ Type Office Sought: Amount of Each Disbursement this Perio Category/ Type Office Sought: X Primary General Other (specify) Other (specify) Other (specify)	Mailing Address PO BOX 19163				2 4	2	007	
Campaign contribution Candidate Name Sen. Harry Reid Office Sought: House		•		Amour	nt of Each Di			
Office Sought: House X Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) REED COMMITTEE Mailing Address PO BOX 8628 City CRANSTON RI 02920 Purpose of Disbursement Campaign contribution Candidate Name Sen. Jack Reed Office Sought: House X Senate President Disbursement For: 2008 X Primary General Other (specify) ▼ Office Sought: House X Senate President Other (specify) ▼ Other (specify) ▼ Transaction ID: D54623 Date of Disbursement 11 1 M / 0 6 / 2 0 0 7 Y 2 0 0 7 Y Amount of Each Disbursement this Period Category/ Type Office Sought: House X Senate President Other (specify) ▼ Other (specify) ▼	Campaign contribution Candidate Name]			.000.00	,
REED COMMITTEE Mailing Address PO BOX 8628 City State Zip Code CRANSTON RI 02920 Purpose of Disbursement Campaign contribution Candidate Name Sen. Jack Reed Office Sought: House X Senate President Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House X Primary General Other (specify) ▼	Office Sought: House X Senate President	X Primary General	Гуре					
Mailing Address PO BOX 8628 City State Zip Code CRANSTON RI 02920 Purpose of Disbursement Campaign contribution Candidate Name Sen. Jack Reed Office Sought: House X Senate President Disbursement For: 2008 X Primary General Other (specify) ▼	,			Date of	f Disbursem	ent		
CRANSTON RI 02920 Purpose of Disbursement Campaign contribution Candidate Name Sen. Jack Reed Office Sought: House X Senate President Disbursement For: 2008 X Primary General Other (specify) ▼	Mailing Address PO BOX 8628				0 6		2 0 ŏ 7	Y
Campaign contribution Candidate Name Sen. Jack Reed Office Sought: House X Senate President Disbursement For: X Primary General Other (specify) Type				Amour	nt of Each Di	isbursemer	nt this P	eriod
Sen. Jack Reed Office Sought: House Disbursement For: 2008 X Primary General Other (specify) ▼	Campaign contribution]		2	500.00)
X Senate X Primary General President Other (specify) ▼								
State: HI DISTRICT: UU	X Senate President	X Primary General						
SUBTOTAL of Disbursements This Page (optional)					• • •	-	F00 01	

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate se	te schedule(s) FOR LINE NUMBER: PAGE 195 /			210										
ITEMIZED DISBURSEMENTS	ED DISBURSEMENTS for each category of the (creeck only one)			25	\Box	26									
	Detailed Summ	ary Page		-	27	Н	28a	_	28b		28c	Н	29	Н	30b
Any Information copied from such Reports and Statemen														5	
or for commercial purposes, other than using the name	and address of a	ny political	com	mit	tee to	solicit	t contri	butio	ons fr	om s	uch c	omn	nittee		
NAME OF COMMITTEE (In Full)	. Prita a L. A. arta a Z	.													
American Academy of Family Physicians P	olitical Action (Committee	е												
Full Name (Last, First, Middle Initial)							Transa	actio	on ID:	: D48	3231				
FRIENDS OF JAY ROCKEFELLER							Date o	_			nt				
Mailing Address PO BOX 1909							07	M /	□ 3	3 1	/ Y	ž	0 ŏ 7	7 ^Y	
,	tate Zip (Amour	nt of	Each	Disk	ourse	ment	this F	Perio	d
	VV 253	127										25	500.0	n	\neg
Purpose of Disbursement Campaign contribution							-	-	-		0		,00.0		
Candidate Name			Са	ateç	gory/										
Sen. John D. Rockefeller, IV				Тур	ре										
Office Sought: House Disburser	nent For: Primary	2008 General													
X Senate X President	Other (specify) 1														
State: WV District: 00	oo. (opoo)	•													
Full Name (Last, First, Middle Initial)							Transa	actio	on ID:	: D54	4617				
JOHN KERRY FOR SENATE							Date o	_			nt				
Mailing Address 10 G St NE Ste 710							11	M /	D C	6	/ Y	ž	0 ŏ 7	7 ^Y	
		Code					Amour	nt of	Each	Disb	ourse	ment	this F	Perio	d
	OC 200	02-4288							,			25	500.0	0	
Purpose of Disbursement Campaign contribution								-	-				7010		
Candidate Name Sen. John F. Kerry				ateo Typ	gory/ be										
Office Sought: House Disburser	nent For: Primary	2008 General													
President	Other (specify)	▼													
State: MA District: 00															
Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC							Transa Date o	f Dis	sburs	emen	-				
Mailing Address 607 14TH STREET NW S	UITE 800						11	M /	DC	6	/ L	ž	0 ŏ 7	7 ^Y	
	tate Zip 0 DC 200						Amour	nt of	Each	Disb	ourse	-			d
Purpose of Disbursement Campaign contribution							<u></u>	_				25	500.0	0	_
Candidate Name Sen. Mary Landrieu				ateo Typ	gory/ be										
Office Sought: House Disburser		2008													
X Senate X President	Primary Other (specify) 1	General													
State: LA District: 00	Other (specify)	▼													
SUBTOTAL of Disbursements This Page (optional)					•			-		•	*	75	00.0	0	
TOTAL This Period (last page this line number only) .															

		Use separate schedule(s)		(check	only o	ne)							
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21 27	b \prod	22 28a	X	23 28b		24 28c	В	25 29	26 30
	y Information copied from such Reports and Sta for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Academy of Family Physician	me and address of any political	comn										
. <u>/_</u> ∆.	Full Name (Last, First, Middle Initial) ENZI FOR US SENATE					Trans Date		sburs	emer			Y	Υ
	Mailing Address PO BOX 2775					11			8 0	L	2	0 ŏ 7	
	City CODY	State Zip Code WY 82414				Amou	nt of	Each	n Dist	ourse	-	this P	
	Purpose of Disbursement Campaign contribution Candidate Name Sen. Michael B. Enzi			egory/		L.	•	0			25	500.00)
		sement For: 2008 X Primary General Other (specify)	I	уре									
3.	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE Mailing Address PO BOX 1948					Trans Date		sburs	_			0 ŏ 7	Y
	City BOISE Purpose of Disbursement	State Zip Code ID 83701				Amou	nt of	Each	n Dist	ourse		this P	
	Campaign contribution Candidate Name Sen. Mike Crapo			egory/									
	Office Sought: House Disbute X Senate President State: ID District: 00	sement For: 2008 X Primary General Other (specify) ▼											
).	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '0	3				Trans Date		-				V	V
	Mailing Address PO BOX 1496					0 7	101	້ 3	3 1		2	0 ŏ 7	
	City LOUISVILLE	State Zip Code KY 40201				Amou	nt of	Each	n Disk	ourse	ment	this P	eriod
	Purpose of Disbursement Campaign Contribution				1	<u></u>	-				25	500.00)
	Candidate Name Sen. Mitch McConnell			egory/ ype									
	Office Sought: House Disbute X Senate President State: KY District: 00	sement For: 2008 X Primary General Other (specify)											
						-							

ITI	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 197 / 210
	EMIZED DISBURSEMENTS		category of the Summary Page	(check onl	22 X 23 24 25 7 28a 28b 28c 29
	r Information copied from such Reports and State or commercial purposes, other than using the nan				
1 \	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political A	ction Committe	ee	
	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN				Transaction ID: D54065 Date of Disbursement
	Mailing Address PO BOX 76187 Suite 800				09 18 7 2007
	City WASHINGTON	State DC	Zip Code 20013		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution				2500.00
	Candidate Name Sen. Sherrod Brown Office Sought: House Disburs	sement For:	2012	Category/ Type	
	X Senate President	Primary Other (spe	General		
	State: OH District: 00 Full Name (Last, First, Middle Initial) CITIZENS FOR COCHRAN				Transaction ID: D54064 Date of Disbursement
	Mailing Address PO BOX 7183				0 9 M / D 1 8 / Y 2 0 0 7 Y
	City TUPELO	State MS	Zip Code 38802		Amount of Each Disbursement this Period
	Purpose of Disbursement Campign contribution				1000.00
	Candidate Name Sen. Thad Cochran			Category/ Type	
	Sen. Thad Cochran Office Sought: House Disburs X Senate President	ement For: Other (spe	2008 General		
	Sen. Thad Cochran Office Sought: House X Senate	Other (spe	General		Transaction ID: D56017 Date of Disbursement
	Sen. Thad Cochran Office Sought: House X Senate President State: MS District: 00 Full Name (Last, First, Middle Initial)	Other (spe	General		Transaction ID: D56017 Date of Disbursement M M M / D 3 D / Y 2 0 0 7
	Sen. Thad Cochran Office Sought: House X Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA IN	Other (spe	General		Date of Disbursement M M M D 3 0 Y Y Y O Y 7 Amount of Each Disbursement this Period
	Sen. Thad Cochran Office Sought: X Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA IN Mailing Address PO BOX 1859 City SIOUX FALLS Purpose of Disbursement Campaign contribution	Other (spendormal)	General ecify) ▼ Zip Code	Type	Date of Disbursement M M M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Sen. Thad Cochran Office Sought: X Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA IN Mailing Address PO BOX 1859 City SIOUX FALLS Purpose of Disbursement Campaign contribution Candidate Name Sen. Tim Johnson	Other (spendormal) State SD	General ecify) ▼ Zip Code 57101		Date of Disbursement M M M D S D Y Y Y O Y O T Amount of Each Disbursement this Period
	Sen. Thad Cochran Office Sought: House X Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA IN Mailing Address PO BOX 1859 City SIOUX FALLS Purpose of Disbursement Campaign contribution Candidate Name Sen. Tim Johnson Office Sought: House Disburse	Other (spendormal)	General ecify) Zip Code 57101 2008 General	Type Category/	Date of Disbursement M M M / D 3 0 / Y 2 0 0 7 Y Amount of Each Disbursement this Perioc

В.

District:

ago# 20000010111						
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27		PAG 24 28c		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		any person fo	r the purpose of	soliciting conf	ributions	000
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	<u> </u>					
Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN Mailing Address P O BOX 811			Transaction IE Date of Disburs		[°] 2 0 0 7 °	
•	State Zip Code IA 50304		Amount of Eac	h Disbursem	ent this Period	k
Purpose of Disbursement Campaign contribution Candidate Name Sen. Tom Harkin		Category/ Type			2500.00	
· —	ment For: 2008 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND			Transaction IE Date of Disburs	sement	Y Y Y	
Mailing Address 507 Capitol Ct NE Ste 100			11	06 / Y	2 0 0 7 °	
Washington	State Zip Code DC 20002-7705		Amount of Eac			j
Purpose of Disbursement Campaign contribution Candidate Name		Category/ Type			2000.00	_
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼					

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	4500.00
TOTAL This Period (last page this line number only)	•	125500.00

State:

SCHEDULE B	(FEC Form 3X)	Use sepa	arate schedule(s)				NUMBE	R:		P	AGE 199	/ 210
ITEMIZED DIS	BURSEMENTS	for each	category of the Summary Page		<u>`</u>	k only 1b 7	22 28a	_	23 28b	24 28c	25 X 29	Н
	d from such Reports and Sta											s
	ooses, other than using the n	ame and addre	ss of any political	comi	mittee	to sol	icit contr	ibutio	ons fro	om such	committee	
NAME OF COMM	emy of Family Physiciar	ne Political A	otion Committe									
/ American Acad	enty of Family Physicial	is Fullical A	Clion Committe	æ								
Full Name (Last, F	irst, Middle Initial)						Trans	actio	on ID:	: D5349	4	
American Acad	emy of Family Physiciar	าร					Date		sburse	ement		Υ
Mailing Address	11400 Tomahawk Cre	eek Pkwy					0 9		1	1 ′	žoŏī	7
City Leawood		State KS	Zip Code 66211-2672				Amou	int of	Each	Disburse	ement this	Perioc
Purpose of Disbur	comont	110	00211-2072	_							100.0	00
	ment of admin expense						-	_				
Candidate Name	·			Ca	tegory	/						
					Гуре							
Office Sought:		ursement For:	2008									
	Senate	X Primary	General									
State:	President District:	Other (spe	ecity) 🔻									
Full Name (Last, F	emy of Family Physiciar	ne								: D5349	5	
American Acad	enry of Family Frigoidal	15						M /	D	ement	v · v · v ·	V
Mailing Address	11400 Tomahawk Cre	eek Pkwy					0 9	,		1 ′	žoŏ	7
City		State KS	Zip Code 66211-2672				Amou	int of	Each	Disburse	ement this	Perio
Leawood Purpose of Disbur		NS NS	00211-2072			\neg					564.5	57
Candidate Name	e admin expense paymen			Ļ								
Candidate Name					tegory Γype	"						
Office Sought:	House Disbu	ursement For:	I 2008	'	урс							
omoo coagni.	Senate	X Primary	General									
	President	Other (spe	ecify) 🔻									
State:	District:											
Full Name (Last, F							Trans	actio	on ID:	: D5462	4	
American Acad	emy of Family Physiciar	าร					Date of	of Dis	sburse	ement		
	11100 T 1 0	ek Pkwv					1 1	M /	^D 0	6 /	žoŏ	7 ^Y
Mailing Address	11400 Tomahawk Cre	, o										
City	11400 Tomahawk Gre	State	Zip Code				Amou	int of	Each	Disburse	ement this	Perio
City Leawood Purpose of Disbur	sement		Zip Code 66211-2672	_		_	Amou	int of	Each	Disburse	ement this	
City Leawood Purpose of Disbur		State			tegory		Amou	int of	Each	Disburse		
City Leawood Purpose of Disbur Refund of overpay Candidate Name	sement ment of admin exp.	State KS			tegory Γype		Amou	int of	Each	Disburse		
City Leawood Purpose of Disbur Refund of overpay	sement ment of admin exp.	State KS ursement For: Primary	66211-2672				Amou	int of	Each	Disburse		
City Leawood Purpose of Disbur Refund of overpay Candidate Name Office Sought:	sement ment of admin exp. House Senate Disbu	State KS	66211-2672			1/	Amou	int of	Each	Disburse		
City Leawood Purpose of Disbur Refund of overpay Candidate Name Office Sought:	sement ment of admin exp. House Senate President	State KS ursement For: Primary Other (spe	66211-2672 General ecify) ▼		Гуре		Amou	int of	Each	Disburse		00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	for each category of the Detailed Summary Page (check online) 21b 27 cents may not be sold or used by any person	22 23 24 25 26 28a 28b 28c X 29 30b for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F		sicil contributions from such committee
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Creek	Pkwy	Transaction ID: D56016 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code KS 66211-2672 Category/ Type	Amount of Each Disbursement this Period 365.00
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)	

		365.00
SUBTOTAL of Disbursements This Page (optional)		303.00
TOTAL This Period (last page this line number only)	•	1194.57

Form/Schedule:SA15

Permissible reimbursement from connected organization for bank/credit card processing fees.

Transaction ID: C319887

Form/Schedule:**SA11Al**Transaction ID: **C367339**

Pledge completed on 11/28/07.

Form/Schedule:SA11AI

Pledge completed on 11//29/2007.

Transaction ID: C367546

Form/Schedule:**SA15**Transaction ID: **C367604**

Permissible reimbursement from connected organization for bank/credit card processing fees.

Image# 28990079716						
Form/Schedule: SA15 Transaction ID: C368932	Permissible reimbursement from connected organization for bank/credit card processing fees.					
Form/Schedule: SA15 Transaction ID: C373636	Permissible reimbursement from connected organization for bank/credit card processing fees.					

Form/Schedule:SA11AI

2007 Pledge completed on 12/18/2007.

Transaction ID: C373845

Form/Schedule: **SB29**Transaction ID: **D53494**

Refund of mistaken payment of administrative expense by parent organization.

Form/Schedule: SB29

Refund of duplicate reimbursement of bank fees by parent organization.

Transaction ID: D53495

Form/Schedule: **SB29**Transaction ID: **D54624**

Refund of mistaken payment of administrative expense by parent organization.

Form/Schedule: SB29

Refund of mistaken payment for operating expense by parent organization.

Transaction ID: D56016

Form/Schedule: SA11Al

PLEDGE complete on 7/23/2007.

Transaction ID: C321579

Image# 2899007	9720
Form/Schedule: SA15 Transaction ID: C321727	Permissible reimbursement from connected organization for bank/credit card processing fees.
Farmer/Cales divide CA15	Developible valinth we amount from page set of experientian for heal/avoid according to a
Form/Schedule: SA15 Transaction ID: C325325	Permissible reimbursement from connected organization for bank/credit card processing fees.

Form/Schedule:SA11AI

Matching funds issed by Arlene Brown, MD

Transaction ID: C343555

Form/Schedule:**SA15**Transaction ID: **C343774**

Permissible reimbursement from connected organization for bank/credit card processing fees.

Close

Image# 28990079722	
Form/Schedule: SA15 Transaction ID: C344027	Permissible reimbursement from connected organization for bank/credit card processing fees.
Form/Schedule: SA15 Transaction ID: C346448	Permissible reimbursement from connected organization for bank/credit card processing fees.

Image# 28990079723

Form/Schedule:SA15 Permissible reimbursement from connected organization for bank/credit card processing fees.

Transaction ID: C352026